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STATE OF MISSOURI
FEDERAL FISCAL YEAR 2000-2003
PLAN ON AGING
VERIFICATION OF INTENT

The Missouri Department of Social Services, Division of Aging hereby su
Aging for the period beginning on October 1, 1999 through September 30
Aging has been developed in accordance with Section 307 of the Older Americans Act, as amended.
The Division of Aging has been designated and given authority to develop and administer the state
plan on aging in compliance with all requirements of the Act. In order to effectuate the plan,
comprehensive and coordinated systems for the purpose of promoting multipurpose senior centers;
delivering supportive services, nutrition services, in-home services for frail older individuals, and
disease prevention and health promotions services; advancing vulnerable elder rights protection
activities; as well as establishing effective, visible advocacy organizations will be continually
developed for the elderly and disabled adults residing in the state.

The State Plan on Aging is hereby approved by the Governor and constitutes authorization to
proceed with activities contained within the plan upon approval from the Assistant Secretary on Aging,
Administration on Aging.

_____	(Signed) _____
(Date)	Director, Division of Aging
_____	(Signed) _____
(Date)	Director, Department of Social Services

I hereby respectfully submit on this _____ day of _____, _____, the Missouri State
Plan on Aging for the approval of the Assistant Secretary on Aging.

(Signed) _____
Governor, State of Missouri

INTRODUCTION

In accordance with the Older Americans Act (OAA), as amended, state units on aging are required to submit a state plan on aging describing the methods to be used to provide leadership to state and community-based programs and to qualify for federal funds for such activities.

Development of the state plan was achieved through collaborative interaction between the Department of Social Services (DSS), Division of Aging (DA) staff, organizations within the state aging network, and elderly and disabled adults through review and comment of the plan.

On the following pages, DA presents the Missouri aging network's comprehensive plan for addressing the ever increasing demand and need for elderly home and community-based services. During fiscal year 1995, DA and the ten Area Agencies on Aging (AAAs) completed a statewide needs assessment which formed the foundation for the prior planning cycle. DA continues to utilize the valuable information identified through that assessment. DA has begun development and coordination of the partnership to initiate our second comprehensive statewide needs assessment, which is planned for FY 2000 will closely follow the format and design of the initial instrument. DA will pursue a variety of activities related to planning, research, monitoring and evaluating of programs, advocacy, public education and information, and general promotion of a comprehensive and coordinated community-based service system to address the unmet needs identified within the survey. DA plans to provide effective and visible leadership on issues concerning elderly Missourians.

DSS/DA is appreciative and indebted to the many individuals who actively participated and contributed to the composition of this plan.

DEVELOPMENT OF THE STATE PLAN

The State Plan has been developed based on information collected from a variety of sources knowledgeable about aging issues. During FY '99, the Division of Aging began efforts to develop our portion of the Department of Social Services Strategic Plan. This plan will guide program development and expansion for the upcoming 5 years. Of significant importance during the plan development was the input received by the major stakeholders of the Division; consumers, advocates, AAAs, providers, staff, and other state and local agencies. Through a series of 11 meetings held at various locations across the state, and on an interactive teleconference with consumers at six sites statewide, the Division received valuable comments, responses, and feedback to our current programs and our stakeholders views of future needs. This information was painstakingly integrated by 38 staff members into our two major strategic issues with specific goals, objectives, and timelines to address the issues. These strategic issues, and the defining goals and objectives help derive the focus of our State Plan. The Division of Aging's two Strategic Issues are:

- 1. Seniors and adults with disabilities should be safe, and free from abuse, neglect and exploitation; and,*
- 2. The lifelong health, mental health and nutrition services for seniors and adults with disabilities should be affordable, accessible and of high quality.*

The Executive Summary of the Strategic Plan is included as [Appendix A](#).

We believe the state planning process is ongoing and as such, DA and the AAAs will continually develop, refine, implement, and coordinate with other organizations to build service systems meeting the needs identified not only in the statewide needs assessment, but also from information gathered through public review an

THE AGING NETWORK

The OAA establishes the Administration on Aging (AoA) as the Federal Agency responsible for oversight of home and community-based services for the elderly. Through grants to states, the AoA allocates federal funds to bring state and local resources together to support elderly programming. Further, the AoA acts as a clearinghouse to disseminate information related to aging issues, developments, and funding opportunities among states and Native American organizations. The state unit on aging, the AAAs, and a wide array of local elderly service organizations and agencies are considered key components of Missouri's "aging network". Essential to the Missouri aging network is the approximately 956,000 individuals age 60 and over living within our local communities.

The state unit on aging, designated by the Governor of the state, is responsible for providing leadership and coordinating state-level aging activities. State units on aging pass federal funds through to the AAAs based upon the intrastate funding formulas as required by the OAA. Integral among the functions of the state unit on aging are the responsibilities of monitoring and evaluating AAA programs and activities.

AAAs are the regional entities responsible for development and implementation of community-based service systems within each planning and service area. Through contractual relationships and where necessary direct provision of service, AAAs ensure provision of elderly services at the community level. Ten AAAs have been designated in Missouri to serve as the focal point for regional elderly service planning and coordination activities.

Statewide Needs Assessment

The 1994 Statewide Needs Assessment survey was designed to identify unmet needs of older persons in order to assist decision-makers regarding resource allocation and program development. This statewide needs assessment formed the foundation for the prior planning cycle, and remains a valuable and reliable resource in the development of this State Plan, current budget requests, legislative fiscal notes, and in responding to inquiries about unmet needs in Missouri. DA has begun development and coordination of the partnership to initiate our second comprehensive statewide needs assessment. The assessment, which is planned within the year 2000 will closely follow the format and design of the initial instrument. The survey collected such data regarding:

- 1) Functional Status Based on Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs)
- 2) Service Awareness/Utilization Barriers
- 3) Social Supports
- 4) Abuse, Neglect, Exploitation Awareness
- 5) Disaster Relief

Survey results have guided program development and resource allocation decisions for DA and the AAAs in an effort to fulfill OAA and state mandates and goals.

Specific Objectives:

Primary:

- Assess functional status, both physical and mental;
- Assess awareness, use and adequacy of existing services.

Secondary

- Assess social support and isolation of the elderly;
- Assess awareness of abuse, neglect and exploitation of the elderly and of protective services;
- Determine adequacy of disaster relief efforts for the elderly affected by the flood.

Data Collection Method:

- Survey: Random Telephone Number Generation Technique

Measurement Technique:

- Standardized questionnaire

Sample:

- Missouri adults, 60 and older; stratified by AAA region
- 5,000 completed interviews (average time 29 minutes).

Analytical Approach:

- Descriptive and inferential statistics for the following populations:
 - Age: 60-74, 75-84, 85 and over.
 - Race: White, Minority
 - Income: At Poverty, Above Poverty
 - Race/Income: White/Poverty, Above Poverty;
Minority/Poverty, Above Poverty
 - Gender: Male, Female
 - Marital Status: Currently Married, Formerly Married, Other
 - Education: Less than High School, High School +
 - Employment Status: Employed, Retired, Other
 - Household Composition: Living Alone, Couples, Multi-members
 - Area: Rural, Urban
 - Fu
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DEMOGRAPHICS OF MISSOURI'S ELDERLY

The growth in number and relative percentage of Missouri's 60 and over popu outpace all other age categories and is expected to exceed 1.137 million (20.2 population) by the year 2010. A more rapid growth is expected in the 85 and over age (oldest elderly) group. More than double its 1960 size, the 80,000 oldest elderly (1990) is expected to increase to 129,000 by the year 2020, accounting for over 2% of the total state population.

Characteristics of Missouri Elderly Population by Planning and Service Area (PSA)

REVISED TABLE 9/99 Area Agency on Aging (AAA)	Individuals Age 60 & Over	Individuals Age 60 & Over Low Income	Individuals Age 60 & Over Minority	Individuals Age 60 & Over Low Income Minority
Southwest MO Office on Aging	113,118	17,756	1,285	344
Southeast MO AAA	83,744	18,346	3,541	1,574
District III AAA	54,887	8,043	1,279	227
Northwest MO AAA	53,735	8,987	951	145
Northeast MO AAA	45,049	7,189	1,377	346
Central MO AAA	96,239	12,498	2,722	574
Mid-America Regional Council	157,581	15,934	20,262	4,873
Mid-East AAA	256,085	13,595	14,468	2,286
St. Louis AAA	62,736	14,826	32,029	9,024
AAA Region X	33,014	5,557	713	189
STATEWIDE	956,188	122,731	78,627	19,582
1997 Census Estimates prepared by the Missouri Office of Administration, Division of Budget and Planning.				
1990 Census, U.S. Department of Commerce, Bureau of the Census.				
Ibid				
Ibid				

THE MISSOURI DIVISION OF AGING

Mission Statement

Promote, maintain, improve, and protect the quality of life and quality of care for Missouri's older adults and persons with disabilities so they may live as independently as possible with dignity and respect.

This mission is accomplished by a dedicated staff committed to excellence.

Prior to October 1, 1979, Missouri's elderly were served by a multitude of agencies, which often resulted in duplication of services and recipient confusion. DA was created within DSS, to coordinate and improve services for the elderly. Major programs developed to provide elderly services were transferred to the newly established agency from the Division of Health, Family Services, and the Office of Aging. DA currently provides comprehensive planning, coordination and authorization of services for the elderly.

The organization of DA is comprised of two major sections -- Home and Community Services (HCS) and Institutional Services. HCS is responsible for the broad spectrum of services focused on the support of individuals who are residing within the community, outside of formal, licensed facilities. Institutional Services is responsible for licensure and certification of nursing homes, residential care facilities, and adult day care centers. Of significant importance to both sections of DA is the provision of protective services to vulnerable elderly and disabled adults. Investigations of abuse, neglect and exploitation are conducted by staff that have received advanced training to provide the skills needed. Missouri also requires screening of all potential staff of long-term care facilities and in-home service agencies to eliminate the hiring of those persons with known backgrounds as perpetrators of abuse, neglect or exploitation.

HCS is also the section of DA designated as the state unit on aging in Missouri. The state unit is responsible for leadership in the areas of program development and advancement, technical assistance, program monitoring and evaluation of the AAAs to ensure implementation of comprehensive and coordinated service delivery systems as mandated in the OAA. Also, housed with DA is the Office of the State Ombudsman for Long-term Care Facilities. The State Ombudsman coordinates the advocacy program for long-term care residents in Missouri.

Institutional Services Section

Institutional Services staff have the responsibility of handling state inspections and federal surveys, and investigating complaints regarding long-term care facilities and adult day care centers. Long-term care facilities in Missouri number 1,232 with over 78,500 beds licensed and inspected by DA. Of these, 468 facilities are skilled nursing homes, 79 are intermediate care facilities, and 685 are Residential Care Facilities Is and IIs. Approximately 490 facilities with 48,113 beds are certified to participate in the federal Medicaid or Medicare programs and must meet federal as well as state licensure standards. Over 7,000 were investigated in FY'99. This section also maintains the federally mandated Nursing Assistant Register containing information related to the training of over 60,000 nursing assistants.

Board of Nursing Home Administrators

The Board, appointed by the DSS Director, consists of ten persons who serve three-year staggered terms. The DA Director or her designee is also a member. The Board is responsible for adopting, amending and repealing rules necessary to carry out the provision of Chapter 344, Revised Statutes of Missouri (RSMo). These rules establish minimum standards for licensure as a nursing home administrator; provide for quarterly testing opportunities for qualified applicants; allow for approval and monitoring of continuing education programs designed for nursing home administrators; provide for audits of license renewal forms and renewal of licenses of qualified licensees. In addition, these rules allow upon charges calling for discipline of a licensee, that the Board conduct hearings affording due process of law. There are approximately 1,917 currently licensed nursing home administrators. In FY '98, the Board evaluated 279 applications for licensure; examined 351 applicants; issued 195 new licenses, renewed 1,722 licenses; and, approved 322 continuing education programs.

Office of the State Ombudsman for LTC Facility Residents

Mission Statement

- To improve the quality of life for residents of long-term care facilities through advocacy and education;
- To provide Ombudsman Service to all residents of all long-term care facilities;
- To advocate for residents rights; and
- To provide community education regarding long-term care facility issues.

The Ombudsman Program is currently represented by three levels: the state office, ten regional ombudsman coordinators (direct employees of AAAs or contracted service agencies) and 325 volunteers who work 3 to 4 hours per week in a facility. All these individuals are representatives of the state office, and most of them investigate and resolve complaints made by or on behalf of residents.

In order to better meet the needs of residents, the regional programs continue different methods of recruiting and placing volunteers in facilities. These efforts are necessary in direct response to the difficulty in recruiting individuals to be volunteer ombudsmen.

The Ombudsman program monitors development and implementation of laws, regulations and policies which affect long-term care facility residents. Through state statutes, the program now protects representatives of the office for the good-faith performance of their official duties. The statute provides that a person who willfully takes retaliatory action against a resident or employee of a long-term care facility for communicating with the Ombudsman Program will be guilty of a class A misdemeanor.

The Ombudsman Program is managing more complicated cases. Therefore, efforts continue to update and enhance the training materials used by staff and volunteers. Also, the program is working on minimum standards in the areas of training and complaint resolution. The program continues to work toward a common statewide vision, with development of a long range plan, as well as a certification packet for regional programs, including volunteers. The program has developed and implemented a new tracking system in response to the State Program Report (SPR) requirements of the National Ombudsman Reporting System (NORS).

Empowerment of residents and their families to advocate on their own behalf through development of resident and family councils remains a focus for the program.

The Office of the State Ombudsman plans to:

- Achieve and maintain a presence in all nursing homes.
- Work toward development of an "Outreach Ombudsman" to assist residents of unlicensed "Assisted Living Facilities".
- Explore the concept of Home Care Ombudsman.
- Continue promoting Missouri Care Options by educating individuals in the long-term care community.

Division of Aging Hotline/Central Registry Unit

The Central Registry Unit (CRU) operates the agency's abuse/neglect hotline and statewide Information and Referral (I&R) service. The CRU is responsible for the receipt and dissemination of all reports of abuse, neglect, or exploitation of Missouri's elderly and/or disabled adults. This includes receipt of any complaints against long-term care facilities within the state.

A toll free 24 hour hotline receives telephone reports of possible abuse, neglect, exploitation, or regulatory violations and refers them to either Institutional or Home and Community Services for investigation, resolution, and/or corrective action. During SFY'99, the unit received over 14,000 investigation requests for HCS and over 7,400 complaints or reports for the Institutional Services section.

The CRU also serves as the intake point for Missouri Care Options (MCO), helping screen all Medicaid eligible persons admitted to Nursing Facilities. By partnering the toll free hotline with the MCO Program, the intake function of pre-long term care screening is easily accessible and serves as a clearinghouse for information about options, when considering long term care. During SFY'99, the CRU received over 24,000 MCO referrals.

Referrals for services, reports of possible abuse, neglect or exploitation, or Care Option screenings about an elderly or disabled adult in Missouri may all be called, from anywhere in the nation, to 1-800-392-0210. This provides family or friends outside Missouri with an uncomplicated method of accessing a toll free resource for help or needed information.

Also, the DA Statewide Information and Referral (I & R) Hotline is serving Missouri's elderly, disabled adults, and their caregivers. The I&R service helps link callers with appropriate resources and services identified through the Division's computerized database system. In SFY'99 there were over 22,000 requests for information and/or referral. The I&R toll-free number is 1-800-235-5503 and also provides nationwide access, allowing family or friends outside Missouri the opportunity to inquire about possible services for elderly or disabled adults residing in Missouri.

Home and Community Services Field Operations

The primary role of the Field Operations Unit is to:

- Investigate reports of abuse, neglect and exploitation of older and disabled adults residing in the community and provide protective interventions and services within the limits of the reported adult's right of self-determination.
- Give persons at risk of inappropriate or preventable institutionalization a choice between community-based and institutional care options.
- Through the direct provision of case management and the prior authorization of in-home services from provider agencies, provide community based service options aimed at preventing or delaying institutionalization for persons choosing to reside in the community.

Case management is provided to individuals who are in need of protective services or who are at risk of institutionalization. Case management includes assessment, service plan development, prior authorization of in-home services, linking to other necessary services, protective service interventions including assisting with guardianships, Employee Disqualification List (EDL) investigations, and ongoing monitoring. Information necessary for the development of care plans is typically coordinated with regional nurse consultants or county health nurses, home health agencies, provider agencies, hospital discharge planners, nursing homes, AAAs, and other organizations working with the elderly and disabled. Services that can be provided through prior authorization include nurse visits, personal care, advanced personal care, basic, advanced, and nurse respite, adult day health care, telephone reassurance, counseling, and homemaker/chore.

Telephone Reassurance is an available service for aged and disabled Medicaid recipients who reside in their homes and are authorized for this service by the Division of Aging. The target population of this program includes individuals age 63 and older who meet the criteria of this Medicaid Waiver service. Telephone Reassurance is a phone call made to check on the well being of a participant. Telephone calls can be provided by an automated system available statewide or by individual persons working under the direction of agencies contracting to provide the service in select areas of the state.

Field Operations covers the entire state with a network of more than 360 case managers located throughout the state. Approximately 40,000 persons are served monthly through DA programs.

[Appendix K](#) identifies Division of Aging Field Operations Services and Expenditures Report.

The Missouri Care Options Program (MCO)

The DSS/DA implemented MCO in the fall of 1992. A key to the success of this plan is the cooperative working relationship between hospital staff, nursing home staff, residential care facility staff, and DA field staff in identifying those individuals for whom home or community-based care is a viable option.

A grass roots Long-Term Care Planning Initiative funded by the DA reviewed estimates that show a number of potential full-time nursing home placements could safely access a more appropriate and less expensive home care setting. This would have the added benefit of maintaining contact with family and community that is so often crucial to rehabilitative success and quality of life. This planning initiative lasted from 1990 to 1992.

The new MCO policies (and in some cases the implementation of old policies with sufficient staff) began in 1992 and were augmented in the first year of the program with additional policies and services. In the first two years, the MCO program has shifted the Medicaid cost share of long-term care to home care and has reduced the annual growth of nursing home residents. In FY '98, over nearly 24,000 persons were screened and, where possible, offered choices of home and community-based care or facility care. The initial outcomes indicated 54% chose or required facility care and 10% chose neither home nor facility care, or were not Medicaid eligible for facility care (entered private pay). In 1998, 36% of screened persons received home care or community-based care including adult day care, home delivered meals, in-home services and personal care in a Residential Care Facility. The cost savings resulted in Missouri's tax dollars working harder as these savings were largely reinvested in home and community-based care for individual clients.

Pre-Long-Term Screening:

Care Options strives to equalize access to home-based services for those individuals who require less intensive care and supervision. This is accomplished through a reliance on the pre-long-term care screening process and through the leveling of the reimbursement "playing field" by extending retroactive reimbursement for eligible clients to in-home services providers.

Hospital discharge planners contact the DA Hotline (1/800-392-0210) as soon after admission of a potentially Medicaid eligible senior patient as possible. The local Division staff contacts the planner to arrange for an assessment of the patient, with family members, if appropriate.

Based on the assessment, Division staff assist the hospital discharge planner, if appropriate, with arranging home care services, based on client choice. Whichever care plan is arrived at, whether home-based or in a facility, the DA referral number and the date of screening will confirm state payment.

A similar process is followed by nursing home staff when a prospective resident (who is potentially Medicaid eligible) inquires about services at a nursing home. A call to the DA hotline initiates the pre-long-term care screening of the individual. If nursing home placement is more appropriate, or the individual's and his/her family or caregiver's choice, the referral number is given to them and will confirm payment to the nursing home.

Minority Aging Program

During the 87th General Assembly, DA was granted three additional staff beginning in SFY'95 to study the needs of minority older persons of the state and provide recommendations and technical assistance to the Division and AAAs for improving service delivery to this population. Staff are located in St. Louis, Kansas City, and one in Southeast Missouri will be selected soon.

The purpose of the Minority Aging Program is to enhance the quality of life for older minority Missourians and to provide training, technical and management assistance to the aging network to facilitate a better understanding of culturally sensitive issues.

Through development of relationships with community leaders, other community minority programs, clergy, seniors, and those agencies comprising the Aging network, the Minority Aging Program works to

- Increase the accessibility and utilization of services by Missouri's minority aging population.
- Facilitate cultural diversity and cultural sensitivity
- Develop a resource bank of information with other entities on minority issues, studies, and programs.
- Target services to meet the needs of minorities in rural settings to increase accessibility and decrease cultural barriers to service within their local communities.
- Continue support and development of the annual Missouri Institute on Minority Aging as a vehicle for training, research and implementation of programs and services for minority individuals.

Personnel Unit

The Personnel Unit is responsible for ensuring the DA's compliance with Merit System Rules and other employment-related laws. The unit provides technical assistance and support to all the Division's employees. It coordinates activities in the areas of recruitment and selection, performance issues, classification, grievances, labor relations, and employee discipline. The unit assists in the implementation of the administrative policies and procedures of DSS and DA. Monitoring compliance with the Department of Social Service's Affirmative Action plan is also a function of the Personnel Unit. The Division's functional organizational chart, is attached as [Appendix B](#).

Training Unit

The Training Unit is responsible for coordination and delivery of all divisional training. In addition to federally and state mandated training of institutional survey staff, the unit also develops and provides skills training for HCS case managers and performs the same function for the AAAs on an as needed and requested basis. Additionally, an annual elder abuse conference is held, with focus on staff development and training. The participants for the Elder Abuse Conference include DA staff, AAA staff, key staff from other governmental departments, and Ombudsmen. Computer and management training sessions are also conducted for the DA staff and AAA staff.

Management Services Unit

The Management Services Section is in charge of fiscal operations for the division. Other responsibilities include legislation tracking, budget development, administrative regulations,

information systems and automation development, personnel operations, assistance with lease management, procurement, and disaster planning.

Older Americans Act Unit

Staff in the Older Americans Act Unit (OAAU) have the responsibility for ensuring the effective and efficient management of state and local activities associated with the OAA. The unit is staffed with a Program Administrator, 3 Aging Program specialists, 2 Auditors, 1 Nutritionist, 1 Accountant, 1 Management Analyst, and 2 support staff. As a result of the 1973 amendments to the Older Americans Act, states were required to divide their state into planning and service areas and to designate AAAs to develop and implement programs and services for older persons at the local level. Missouri has ten AAAs and each one is responsible for providing services within specifically defined geographic boundaries. Each AAA is required to submit an area plan for review and approval based upon a standard format developed by the DA. AAAs must address a wide variety of issues in their plans, but in general, the plan addresses how the AAA will administer agency programs for a four-year period.

The OAAU operates primarily as the liaison between the ten Missouri AAAs and the DA. The objective of the unit is to ensure AAA services are provided to the state's elderly in an efficient and economical manner and that such services are targeted to the rural elderly, and those in the greatest social and economic need, with particular attention to low-income minority individuals, and to ensure the state's compliance with the OAA assurances contained within this state plan as [Appendix C](#).

Program focused compliance monitoring is accomplished through regular on-site review of AAA operations, policy development such as the area plan format and state regulations, area plan review and approval, review and approval of direct service waivers and service delivery analysis coupled with informal on-site visits.

Working in close coordination with the AAAs and their service providers, staff provide training and technical assistance to AAA staff, their boards and provider network to keep them apprised of new developments in the aging field, as well as changes in federal and state policies/procedures. Staff, in collaboration with AAA staff, assist AAAs in developing systems that are accessible, coordinated, and responsive to the needs of older persons. Additionally, staff must review proposed AAA actions to ascertain that priority is given to serving older persons in the greatest social and economic need, with particular emphasis placed on the needs of low-income minority elderly.

All staff are involved in assuring statutory and regulatory provisions with respect to services provided under the OAA. Each of the Aging Program Specialists and the Management Analyst serve as the liaison and key resource person for topical areas such as Transportation, In-Home, Case Management, Legal and Elder Rights, Information and Assistance, Title V Employment Training, NAPIS, Disease Prevention/Health Promotion, Disaster Readiness Planning, and Volunteer Development.

The nutritionist develops related technical standards, provides professional assistance in the areas of nutrition, special diets, food service and sanitation and senior center plan layout; and conducts periodic evaluations of nutrition activities and projects carried out under the plan. Proposed opening, closing and relocation of senior centers is reviewed and approved by the nutritionist with special emphasis on maintenance of effort to rural elderly and targeting of those most in need. The nutritionist also conducts periodic training and information sharing sessions for AAA nutrition program staff.

The auditors and accountant make up the fiscal section of the OAAU and are responsible for the development of an annual allotment table which details how funds are to be distributed to the AAAs under an approved funding formula. In addition, they prepare contracts with the AAAs for receipt of all state and federal funds, review and approve the fiscal portion of the AAAs area plans, review monthly financial and service delivery reports, monthly invoices, and any amendments to the plan or contract. Audit staff also procure and review the AAA's annual A-133 audits, conduct on-site monitoring of fiscal and administrative activities, and provide technical assistance on fiscal management and reporting.

The unit also coordinates many projects with a particular interest in outreach, advocacy, elder rights, information and assistance, and program development. Details of some of these ongoing activities follow:

Information and Assistance (I&A)

The Missouri Statewide Aging Information Coalition (MOSAIC) is comprised of representatives from each of the state's 10 AAAs as well as the Division of Aging staff liaison. DA also provides a support staff person for the group during its quarterly meetings. Meetings are held throughout the state to promote the sharing of local or regional information and resources, in addition to scheduled presentations from other agencies and organizations whose programs impact the elderly and their caregivers.

Mission Statement: MOSAIC is an organization of AAA/DA professionals sharing resources, expertise, training, and education opportunities. MOSAIC creates a comprehensive, interlocking support structure for its members which increases their ability to empower older adults to make informed choices.

The success of MOSAIC as a viable resource for each AAA has been significant. Each member of the group is given the opportunity to share new information and learn from other members who are charged with the same responsibility of serving the information needs of seniors or their caregivers.

Elder Abuse, Neglect and Exploitation

In accordance with Title VII, Chapter 3, DA plans to continue efforts to increase public awareness of elder abuse. Assurances are submitted with this plan in accordance with section 705.(a) 2 that public hearings will be conducted regarding programs carried out under Title VII.

The increased number of investigations conducted by DA staff, suggest that efforts to educate the public on reporting, detection, treatment and prevention of abuse, neglect, and exploitation (A/N/E) have been successful.

- DA plans to continue partial funding of the annual elder-abuse training. The focus of the training conference is to increase the effectiveness of staff responsible for investigating allegations of abuse, neglect and exploitation (A/N/E). DA has expanded participation in this annual training to the AAAs and also facilitates the participation of AAA staff in the Division's two full weeks of case management and protective services training. Concurrent sessions have and will continue to focus on detection and prevention of A/N/E.
- Awareness and outreach by the AAAs includes newsletters, pamphlets, posters, and programs focusing on the prevention of elder abuse. The AAAs also provide an increased emphasis on the problems of A/N/E in facilities through enhanced funding of the Ombudsman program.
- DA has partnered with the state's insurance counseling program (CLAIM - Community Leaders Assisting the Insured of Missouri) to reduce fraud and abuse in the Medicare and Medicaid programs. This initiative provides a direct result by educating beneficiaries and the general public to be alert to the problem and where they can call for help. During FY '98, the legislature appropriated additional state funding to support the efforts of an insurance counseling program.

Elder Rights and Legal Assistance Development Program

The Division of Aging has established a focal point for elder rights policy review and advocacy at the state level. Current issues include guardianship, consumer protection, public benefits, protective

services, and many other areas of concern.. These activities are coordinated with the State Long-Term Care Ombudsman Office and other agencies.

DA has designated a member of the OAAU to serve as the Legal Services Developer. This position works closely with the AAAs and their legal services contractors to maximize the availability of services and provide technical assistance throughout the year. The developer also works to obtain substantive training for contractors and recently facilitated a statewide session to discuss reporting issues for Title III Legal Services. An annual, statewide summary of the services provided to seniors is being developed to assist AAAs and their contractors demonstrate the importance of this program to the senior community.

Volunteer Programs

DA acknowledges the valuable resource that exists in the form of volunteers. The Division's vision and plan of providing a broad continuum of care to Missouri's elderly and persons with disabilities includes the development of programs utilizing volunteers in the service provision. DA recognizes the ability of volunteer programs to expand or "gap-fill" current programs by meeting needs in nontraditional ways, thus strengthening the service system overall. Use of volunteers allows for the building of alliances with business entities, nonprofit agencies and concerned citizens to successfully care for our elderly and disabled populations.

Older Volunteer Service Bank (OVSB)

The Older Volunteer Service Bank is a cooperative effort of DA and community-based sponsoring agencies across the state. The program is designed to:

- Provide temporary relief to primary caregivers, allowing them to perform necessary activities of daily life or to engage in activities to enhance their physical and mental health;
- Enable disabled and frail elderly people to remain at home with their families when possible, and to reduce inappropriate institutionalization;
- Reinforce family ties and existing informal support systems in an effort to maintain quality of life for the disabled and older persons;
- Encourage volunteers to make a valuable contribution while, at the same time, storing service credits for their own future or for their loved ones use; and
- Supplement current available in-home services to disabled and frail elderly persons to help them remain in their home or the home of a family member.

The program was developed to meet the growing need for respite services for families providing round-the-clock care. Eighty percent (80%) of the care given to disabled and older persons in the community is provided by family members. Relief for caregivers is vital for individuals who might otherwise require nursing home placement.

Volunteers are recruited and trained to enable them to provide intervals of care to adults with disabilities or impaired elderly persons in their own homes. Records of volunteer hours are maintained in a computer "bank" by DA, and then this "credit" can be used by the volunteer at a later date, if the volunteer or a family member requires respite care. If a volunteer is not 60 years or older, they can donate their hours to a beneficiary meeting the age requirement.

The Division's strategic plan includes the exploration of expanding the scope of services "credited" within the OVSB system to include home delivery of meals, one-on-one transportation and minor home repair.

Elders Volunteering for Elders (EVE)

Elders Volunteer for Elders projects were established for the provision of services to prevent the premature, involuntary, or unnecessary institutionalization of Missouri's low-income elderly individuals

in response to a 1996 legislative initiative (208.309 to 208.315 RSMo).

In-home services for low-income elderly individuals are available through the Missouri Care Options program which is administered by the Department of Social Services, Division of Aging. However, some elderly individuals at risk of institutionalization, and especially those facing guardianship action, often require intensive assistance in order to use available services. The EVE demonstration project will supplement the formal service provided by the Division of Aging, including some case management. The EVE demonstration project will serve as an extension of the Missouri Care Options concept for a specialized population of elderly in need of assistance.

Three agencies were awarded grants for the EVE demonstration project effective February 10, 1998. The agencies are: Grace Hill Neighborhood Services in St. Louis; Metropolitan Lutheran Ministry in Kansas City; and Southeast Missouri Area Agency on Aging in Cape Girardeau serving seven of their counties in the Bootheel area.

The EVE project provides a volunteer opportunity for persons who are seeking a challenging position and can give a commitment of six months of service. Training is provided for the volunteers in the areas of protective services, probate issues, other related aging topics and intervention techniques.

Adult Day Care Service Grants

During FY '98, the state legislature awarded \$1,000,000 to be awarded through a competitive process for the expressed purpose of expanding Adult Day Care Services throughout the state. The awarding of 11 grants resulted in additional facilities to provide services, and the expansion of services within some existing facilities. The state legislature has provided funds for FY 2000 in the amount of \$250,000 for additional expansion of Adult Day Care services. The DA will award grants through a competitive process to facilitate the expansion of services.

Expansion of Home Delivered Meals

Since 1993, the state legislature has provided additional state general revenue funds for the purpose of increasing the availability of home delivered meals. State revenues supplement the amount of federal and local funds and individual contributions utilized overall in the program. Funds are utilized for the purpose of increasing service and the number of persons able to receive home delivered meals. This expansion has resulted in the AAAs providing more home delivered meals annually than congregate meals. In FY '99, the state legislature approved measures to facilitate the development of home delivered meals under the Medicaid program. The DA is working with the state's Medicaid Agency and the AAAs to propose how the program will operate and to include the service under the state's Elderly and Disabled Waiver.

Disease Prevention and Health Promotion

This program is designed to provide health promotion and disease prevention education and services at multipurpose senior centers, congregate meal sites, and other community locations. Some of the programs and services provided are health risk assessments, medication management, heat alert and winter cold alert survival education, health screenings, nutritional education and counseling; home injury control services, and programs on physical fitness. Plans are to focus on expanding these programs and strengthen efforts to target medically underserved areas.

Miles for Meals Campaign

The Miles for Meals campaign is a statewide walkathon effort to raise additional funds for congregate and home-delivered meals programs. Communities sponsor walkathons to raise money for their local meal programs. DA works closely with the AAAs in coordination of the local events and participates in as many walks as possible.

Senior Community Service Employment Program

DA supports, encourages and promotes the employment of Missouri's older workers through its' Senior Community Service Employment Program (SCSEP) funded by the Department of Labor

(DOL). DA passes SCSEP funds on to the AAAs to operate the program at the local level.

This program is unique among OAA programs as it has a minimum eligibility age of 55 and an income guideline of 125% of poverty level.

DA's program for FY'99 has 302 authorized enrollee positions statewide. The enrollees are located with various nonprofit organizations, such as educational institutions and human service agencies. Many older persons, especially women, cannot afford the luxury of retirement and require assistance to re-enter the work force. DOL has predicted a shortfall in the number of young persons necessary to maintain current workforce numbers. It is imperative that older workers be utilized by Missouri employers to make up the difference.

To promote the value of hiring older workers, DA and the Missouri Senior Employment Coordinating Committee (MSECC) sponsor the annual Older Worker of the Year Contest. Activities honoring the winner and finalists are held in March during "National Employ the Older Worker Week". These events generate publicity and are an excellent means of promoting the hiring of older workers.

AREA AGENCIES ON AGING

AAAs were created through the 1973 amendments to the Older Americans Act of 1965. Designated by individual state governments, the AAAs are locally controlled and operated organizations which may be part of local government, regional Councils of Government, or independent nonprofit organizations.

Missouri's ten AAAs are part of a national network of over 670 similar agencies located throughout the country. This network is designed to provide comprehensive, coordinated community-based services to meet the special needs of the 60 and over population. These services are geared toward securing and maintaining maximum independence and dignity in a home environment for older individuals capable of self-care with appropriate supportive services. Every AAA maintains a professional staff which is supplemented by volunteers, governed by a board of directors or elected officials, and reviewed by an advisory council consisting primarily of older persons from the community boards. A map showing Missouri's AAAs is attached as [Appendix D](#).

DA provides funds on a formula basis to the AAAs for program development and coordination activities leading to community-based care systems and services to the elderly. Information about the distribution of funds through our court approved AAA Funding Formula and Health Promotion/Disease Prevention Funding Formula is provided as [Appendix E](#) and [Appendix F](#) respectfully. In order to receive funding from DA, each AAA is required to submit an area plan, detailing goals, objectives, a plan of operation, and budgets, for review and approval in the standard format specified by the Division. AAAs must address a wide variety of issues in their plans including their grievance procedures. In general, the plan describes how the AAA will administer their programs for a four-year period.

Working with local communities, AAAs develop a service plan based on the needs of older residents in that area. After the AAA determines needs and available resources, they prioritize the needs and develop a comprehensive service delivery plan to meet those needs. This plan details the services to be provided, how available funds are to be allocated, and a strategy for coordination and advocacy. The plan encourages partnerships with a variety of community leaders and organizations.

AAAs perform a leadership role in the communities they serve by responding to the needs of the elderly as advocates, planners, funding sources, and by providing information and assistance services. AAAs work with both the public and private sectors to generate needed support to help older adults and their caregivers remain in the most desirable and least restrictive living environment. Although the nutrition programs, both congregate and home-delivered meals, represent the largest service, each AAA is mandated to provide funding for the priority services related to access, legal assistance, and in-home. Attached as [Appendix G](#) is the AAA's Priority Service Expenditure Minimum Percentages, which were established by DA in accordance with the requirements of Section 307 of the OAA.

By design, AAAs are both the same and different. Many of the state and federally funded programs operate in the same manner across the state. However, AAAs have the responsibility to develop local community service systems, based on the characteristics, resources and needs of the many unique communities in their planning and service areas (PSAs). AAAs were specifically designed to respond to the local needs of their elderly constituency. It is in their flexibility that the true strength and value of the AAA network exists. [Appendix H](#) provides a detailed listing of the funds allocated annually to AAAs, and

[Appendix I](#) identifies service delivery and expenditure information for the various services provided under the plan.

Senior centers funded by AAAs are focal points for the actual delivery or access to many services. There are currently 287 senior centers located around the state in both urban and rural settings. The senior center has two roles: to serve as a visible point of contact in the community for all matters of interest or concern to the elderly and to provide access to a broad spectrum of services.

Through the senior center, the older person can access a range of services including transportation, congregate meals, nutrition and consumer education, health promotion and screening activities, arts and crafts, recreation, legal assistance and information about other services such as home-delivered meals, homemaker chore, personal care, respite, educational programs regarding elder abuse, neglect, and exploitation, as well as other items of interest and concern. Many services are provided through the use of volunteers. When coordinated with the DA's HCS case manager within the community, services are available to the severely impaired, moderately impaired, and the well elderly.

Missouri's aging network continues to meet the needs of its rural elderly in a variety of ways. AAA plans and actions which impact Missouri's rural elderly population are reviewed and evaluated by the Older Americans Act Unit as mandated by the OAA. AAAs aggressively provide services to their rural elderly participants. Parts of 9 of 10 AAA PSAs include rural service areas and 8 AAAs are primarily rural in definition. By expanding into these isolated rural areas, the AAA is able to assess and provide individuals with other needed services. Rural service needs that are not available through the AAA are referred to other key agencies, including DA.

AAAs continue to address the issue of service delivery to low-income minority elderly in various ways. Partnerships have been established with the DA Minority Aging Program, and other key programs including the Department of Health Office on Minority Health to help each other in addressing the needs of the low income minority. Involving the community churches as information points remains instrumental in increasing the awareness of what services are available and how these services can be accessed.

Outreach efforts continue through approaches designed to attract minority populations. Most of our AAAs face the challenge of providing outreach in both rural and metropolitan areas. Referrals for service to low-income minority elders are sought through direct contact with minority organizations, key community leaders, and local community media resources. Missouri's area agencies have a ten percent (10%) minority participation rate overall. Please refer to [Appendix L](#) for information about minority participation within programs.

ADVISORY GROUPS

Advocacy for the development of policies, legislation, programs and Missourians is the primary focus of the various advisory groups to DA. These statewide committees work closely with agency staff as well as other organizations representing older Missourians to address aging issues. Advisory Council Membership Listings are included as [Appendix J](#).

The Governor's Advisory Council on Aging (GAC)

The GAC was established in 1973 in compliance with the rules and regulations governing the federal Older Americans Act of 1965 and specific provisions of the Act as amended in 1973. The Council was established to advise the Governor of the state government's impact on the independence and dignity of Missouri's elders, to advise the directors of DSS and DA as to the administration of programs impacting older Missourians and to encourage the coordination of all agencies within the state -- both public and private -- as they develop and provide services to the elderly.

The Council meets quarterly with three standing committees in FY'98 as part of the structure. The committees are Information Access, Assisted Living, and Pharmaceutical Needs. Final reports and recommendations are submitted annually to the Governor.

Silver Haired Legislature

The Silver Haired Legislature, or SHL as it is often called, is a formally elected body of citizens 60 years of age and older that promote conscientious legislative advocacy for Missouri's older adults. All members are volunteers who serve without pay. Elections are held annually during the month of May at the local AAAs nutrition or senior centers. Senior citizens elect three senators and twelve representatives from each of the ten AAAs for a total of 30 senators and 120 representatives. Following elections, the legislators meet to elect officers and begin to ascertain the needs of seniors in their districts. Bills and resolutions are then drawn up and prepared for presentation at the statewide conference in the fall.

The SHL meets for three days in the fall to conduct a model legislative session. At that time, members present, debate and vote on a pre-prepared docket of bills and resolutions that concern legislation which affects the lives of not only the elderly but all Missouri citizens. From the docket, five bills having the highest priority are selected as the main issues to present to the Missouri General Assembly for the upcoming year.

At the conclusion of the session, delegates return to their respective areas and begin to talk to their legislators about the recent session and potentially become sponsors of the chosen priority bills, as well as other bills which have passed. They also give presentations to their local senior center groups, the AARP and other organizations interested in senior issues. Many delegates also come to Jefferson City to testify before legislative committees when a particular bill is being considered.

From the list of truly agreed and finally passed bills, the members of the SHL vote to determine their top five advocacy issues for that year. The bill receiving the rank Number "1" received the most votes in both houses of the Silver Haired Legislature. Those priorities (in rank order), as voted upon at the conclusion of the 1998 session of the Silver Haired Legislature include:

1. **Financial exploitation of the elderly**. This bill would protect the elderly from financial exploitation by a person acting as an elderly fiduciary of a person in the position of trust.
2. **Pharmaceutical tax credits**. This bill would provide for a tax credit of not more than \$750 to those who are eligible for the Missouri property tax credit (circuit breaker).

3. **Homestead exemption.** This bill would allow an exemption for any person age 65 and over, owning and residing on real property which qualifies as a homestead. Said individual shall not be required to refile for any succeeding year and said homestead shall remain exempt unless or until it has a new owner.
4. **Funding for the CLAIM program.** This would provide for a permanent funding source for the CLAIM program to stay operational.
5. **Exempt Social Security benefits from Missouri income taxes.** This bill would provide for the exclusion of an individual's Social Security benefits from Missouri's income taxes.

Services for the Elderly Advisory Council (SEAC)

In effort to facilitate increased efficiency and effectiveness of advisory groups working with the Division, development of the Services for the Elderly Advisory Council, SEAC was accomplished. Groups consolidated into SEAC included the Elderly Health & Nutrition Act of 1994 Task Force, Quality Assurance Task Force, Missouri Care Options (MCO) Advisory Council, and the Residential Care Facility Personal Care Task Force.

SEAC as a consolidated group of advocates, providers, and customers, serve to provide advice, suggestions, and guidance in all areas of the provision of services to Missouri's seniors and adults with disabilities. SEAC has adopted as a mission statement:

A forum for exchange of information to enhance communication and partnership in order to integrate and improve aging programs and policies.

SEAC is made up of subcommittees who meet as needed, generally for specific work tasks (i.e. reviewing and revising service standards), and present to the full council their suggestions or recommendations. Division of Aging program staff serve as resource persons for the subcommittees and to the full council. The full SEAC meets quarterly and provides an opportunity for stakeholders to gain information from each other through dialogue, from the State Agencies serving on the council, and through special presentations by resource personnel from other key agencies and institutions.

MO Senior Employment Coordinating Committee (MSECC)

Enhancing employment opportunities for older workers is the mission of this advisory group which meets quarterly at DA Central Office. Members include national sponsors of Senior Community Service Employment Programs (SCSEP) as well as representatives of DA's Title V program, Division of Job Development and Training (JDT), and Division of Employment Security. MSECC, in cooperation with DA, sponsors the annual "Older Worker of the Year" contest and "Older Worker Week" activities held in Jefferson City each March. The committee is involved in training sessions and information exchanges throughout the year. In keeping with its mission, MSECC's primary focus continues to be the hiring of older workers as well as recruiting older workers and employers to participate in the SCSEP program.

Alzheimer's Disease Coalition

Alzheimer's disease is the most common form of dementing illness and the fourth leading cause of death in the elderly. The disease often has a devastating impact on the caregiver because of the emotional, physical and financial drain. In 1986, the Missouri General Assembly responded to the emotional issues of this disease by passing legislation that set up a task force to consider possibilities and explore options for improving services to the victims of the disease and their caregivers and to make recommendations to the Governor and General Assembly.

Although the task force expired in January 1990, its work is being continued. DA is working closely with the Alzheimer's Coalition to upgrade the quality of care provided to the victims of this disease. The Coalition is comprised of representatives from the five Alzheimer's chapters and a representative from the Division. Goals and duties of this advisory council include:

- Receipt and dissemination of information related to Alzheimer's disease through training, technical assistance, audiovisual sources, manuals and other informational services;
- Training of personnel and provision of technical assistance to county and local public health agencies regarding Alzheimer's;
- Development and presentation of educational workshops for service provider agencies, caregivers, coordination of support groups, and training of law enforcement personnel to enable them to better meet the needs of persons with the disease;
- Coordination of public awareness activities and represent participation in statewide Alzheimer's conferences;
- Pursue any other educational activity which the Coalition and the Division deem reasonable and appropriate; and
- Seek funding for research projects to develop programs that relieve the caregivers/ family members and help find a cure for the disease.

State funding of Alzheimer Service Grants, since FY98, has helped Alzheimer Chapters to begin addressing some of the issues identified above. Funding of \$250,000 to be divided equally between the 10 PSAs, resulted in an added \$25,000 per service area per year for the provision of additional services within the areas of education, training, increased volunteer recruitment, targeting for minority participation, additional support group development, bilingual resource development, increase available transportation, and expansion of respite care.

Division of Aging/Area Agency on Aging Task Force

The Division of Aging/Area Agencies on Aging (DA/AAA) Task Force was formed in January 1994. Membership within the DA/AAA Task Force includes all AAA Directors and/or designees and executive and program staff from the Division. Its goal is to develop initiatives and work on joint issues to enhance, expand and strengthen the infrastructure of the services that DA and the AAAs provide to Missouri's older adults and persons with disabilities.

The DA/AAA Task Force began its process with two important elements in place:

- (1) The absolute commitment and involvement of AAA Directors and DA Staff; and
- (2) A sound blueprint for the planning and implementation process.

Members of the Task Force work collaboratively as a team to address specific issues or needs as they arise. The Task Force meets as needed, and focuses on task oriented issues rather than with preset topic areas. Examples of the Task Forces' efforts have included continued enhancement and expansion of home delivered meals and collaboration in reviewing state regulations for suggested update.

The DA/AAA Task Force will continue its current work as well as develop further recommendations. In partnership, DA and the AAAs have established a symbiotic relationship that enhances our joint efforts of providing the best possible services to the participants and their families.

Missouri Institute on Minority Aging

The minority aging population in particular African American and Hispanics, 85 years and older, are the fastest growing segment in Missouri and in the United States as a whole. An Institute on Minority Aging and Health was established at Lincoln University in Jefferson City, Missouri. The primary

purpose of the Institute through a partnership between Lincoln University and DA was to serve as a focal point for the delivery of education, training, applied research and community services for personnel and students who wish to enter the field of aging and health related occupations. Goals of the Institute will be:

- To train personnel in the aging and health related network to recognize and deal sensitively with cultural diversities which may impact upon the dependent care needs of Missouri's elderly minority population as well as the provision of care.
- To increase the cadre of minority professionals trained and employed in the field of aging and health at the state and local level.
- To design and implement dependent care programs and services at the state and local level to specifically meet the needs of Missouri's elderly population.
- To address barriers that minority elderly experience in obtaining services from governmental agencies.

The faces of Missouri's older population reflect the faces of many races and cultural lifestyles. The implications of this kind of demographic change for our health and aging care systems are profound. Not only will these systems have to accommodate a vastly larger number of older persons in the new millennium, but those whose needs are more diverse and complex. For example, language and cultural barriers, as well as fear of discrimination, can hinder significantly the delivery of health, mental health and aging services. Minority older persons tend to have poorer health and lower income and education levels, which pose additional obstacles to receiving adequate care, if any.

Through the delivery of effective education, training, applied research, and community-based service programs, the Institute on Minority Aging focuses attention on the most challenging issues facing Missouri's minority elderly population. Further, the Institute has identified and employed new strategies to ameliorate health and social inequities between the minority elderly and Missouri's general population.

The Governor's Commission on Special Health, Psychological and Social Needs of Minority Older Individuals

Within the FY '99 legislative session, the Governor signed into law Senate Bill 7 which authorized the establishment of a commission of 18 members to explore three significant areas relating to older minorities. These areas are:

The special health needs, social needs and psychological needs as they relate to minority adults 60 years and over. This minority group is comprised of African American, Hispanics, Asian Americans and Native-born Americans.

The structure of the commission consists of:

- Directors of the Departments of Health, Mental Health and Social Services, or their designees.
- Co-chairs will be the DA Director and the Director of the Office of Minority Health, a unit within the Department of Health.
- Three members from the legislative body - one representative each from the House, Senate and Lieutenant Governor's Office.
- Ten lay people who have skills in the areas indicated in the legislation. There are eleven different specialty areas in which members should be skilled.

An annual report for the Governor will be prepared identifying the needs of this group as compared to the older population at large in the state of Missouri, and submit to him recommendations for addressing these needs. This report must be on his desk by October 1 of each year and be submitted to the General Assembly and appropriate state agencies. The report will contain:

- An overview of the health, psychological and social needs of minority elderly;
 - Specific diseases and health conditions which place minorities at risk, (i.e. cancer, diabetes, and high blood pressure). A determination as to whether minority elderly experience problems in obtaining health care services; and,
 - Identify programs at the state and local level designed to specifically meet the needs of older minority individuals.
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MISSOURI DEPARTMENT OF SOCIAL SERVICES



DIVISION OF AGING

Strategic Plan


1999 - 2004

Executive Summary

Vision Statement

Seniors and adults with disabilities can realize their full potential for health, safety, independence and community participation

INTRODUCTION



Missouri has the fourteenth largest population of senior citizens in the nation. Per 1997 census projections, there are 956,188 adults over age 60 in the state; 749,000 are over the age of 65. By the year 2010, this 60+ age cohort will grow to 1,172,336.

Older adults and adults with disabilities are the target customer base for the Missouri Division of Aging (DA). Its two program sections – the Institutional Services Section and the Home and Community Services Section – have worked to identify and address the service needs of these Missourians and their caregivers. Through program interaction with customers and providers, a statewide needs assessment, and the input of advocates and staff, the division has painted an overview of senior and adult with disabilities needs for a changing population.

The Strategic Plan for the division synthesizes feedback from the division's stakeholders: consumers, advocates, providers, staff, and other state and local agencies. Through the first half of 1998, internal focus groups with DA employees, and external focus groups with consumers, providers and advocates, were convened to solicit their thoughts through an "environment scan" process — designed to identify challenges and opportunities for the division and its customers. Questions considered by all focus group participants included:

Questions included:

What are the most serious challenges or trends facing the elderly, adults with disabilities and their families?

What is the level of demand for Division of Aging services? How will it change?

What is the Division doing well? What could be improved?

What are the Division's internal accomplishments? What could be enhanced?

What is the public's perceptions of the quality of DA products and services?

The responses to the environment scan fueled the remaining phases of the strategic planning process.

DA executive staff crafted four strategic issues—later collapsed into the two issues seen in this booklet—and the accompanying goals, outcomes and objectives which were reviewed and endorsed by the employees representatives. These were then shared with a work team of 40 DA staff who developed over 100 specific operational strategies to address the four issues.

The following pages reflect the results of that work. The division developed outcome and objective measures, and incorporated the strategies into budget and program directives. Each year should see a revisit and update of the plan; this dynamic approach will provide the soil from which DA's program and policy initiatives will grow.

The Division of Aging will organize itself around the identified service needs of older and disabled adults, and deploy resources in response to stakeholder input, demographic trends and strategic feedback. Every attempt was made to construct the strategic plan around the input and trends, and the resulting programs should address the present and future needs of our customers within the boundaries of our mission. As the older and disabled adult population evolves, the division's strategic plan will be modified to adapt to the changes.

VISION, MISSION & VALUES

Seniors and adults with disabilities can realize their full potential for health, safety, independence and community participation.

Values

Every older Missourian and adults with disabilities should be able to choose an independent life style and live safely with dignity.

The division values...

- * The contributions that older adults and adults with disabilities make to society;
- * Services that protect the vulnerable older adult or adult with disabilities;
- * Easy access for each consumer to appropriate, quality care and services;
- * The holistic assessment of client care needs;
- * Informed decision-making about appropriate care and other life choices;
- * A diverse workforce of responsible, ethical and compassionate professionals;
- * Consumer autonomy in all decision-making processes that effect his or her life, even when those decisions may conflict with the values of caregivers or advocates;
- * Wellness promotion over the lifespan of individuals;
- * The diversity of our consumer population and its changing needs; and
- * The effective balance of the public and private sectors, incorporating our advocate, volunteer and professional partners who are the delivery network.

Vision

M i s s i o n

Promote, maintain, improve and protect the quality of life and quality of care for Missouri's older adults and adults with disabilities so they may live as independently as possible with dignity and respect.



**** Strategic Issue #8***

Seniors and adults with disabilities should be safe, and free from abuse, neglect and exploitation.

Page 2



**** Strategic Issue #9***

The lifelong health, mental health and nutrition services for seniors and adults with disabilities should be affordable, accessible and of high quality.

Page 6

Strategic Issue #8



Seniors and adults with disabilities should be safe, and free from abuse, neglect and exploitation.



Issue Statement

The Division of Aging (DA) has as its primary statutory mandate the protection of older adults and adults with disabilities. It is charged with the responsibility to receive and investigate reports of abuse, neglect and exploitation (A/N/E). This mission is central to the health, safety and well-being of the customer base.

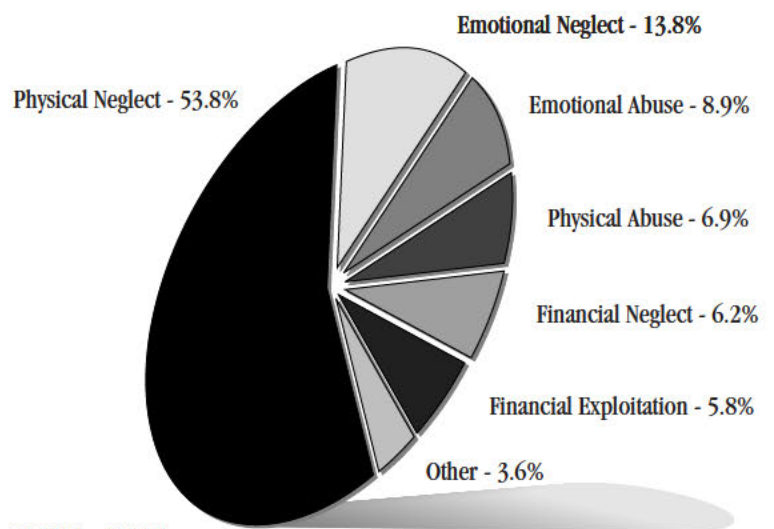
DA received 19,477 reports of A/N/E in fiscal year (FY) 98. This represents an increase of 1263 reports from the previous year.

<i>FY-97</i>		<i>FY-98</i>	<i>Reason to Believe</i>	<i>Suspected</i>	<i>Valid</i>
10,342	Community A/N/E of seniors	10,833	6,110	2,372	
2,281	Community A/N/E of disabled	2,553	1,440	559	
832					
4,759	LTC Facility A/N	716			179
	LTC Facility complaints	5,375			1,344

The 1996 National Elder Abuse Incidence Study (NEAIS) predicts that only 21% of all incidents of community abuse/neglect/self-neglect are reported to and substantiated by a state's protective services agency. Applying this percentage to Missouri predicts that 35,957 abused or neglected older adults/adults with disabilities never report their plight to the division — and that the total number of community abused or neglected older adults/adults with disabilities is 43,507. **In other words, five older or adult disabled Missourians experience abuse or neglect in their communities each hour.**

Percentages of Problem Types

Community-Based - FY-98



In FY-97, 4.6% of the perpetrators were repeat offenders. This number fell to 3.3% in FY-98.

Victims of community-based abuse/neglect tend to be female, white and live with their spouse. The “oldest old,” those age 80 and over, are abused and neglected at a rate two to three times their proportion in the senior population.

The various manifestations of abuse can inflict physical harm, reduce self-esteem, or deprive individuals of needed financial resources — resulting in serious consequences for senior and disabled adults. A 1998 study published in the *Journal of the American Medical Association* found that older people who had been abused died at triple the expected rate for the senior population. Mistreatment may be a form of “negative social support” that hastens death from other causes like heart disease, lung disease and accidental injuries.

In addition to this most negative of outcomes, abuse, neglect and exploitation results in increased depression and financial problems. Depression has been linked to physical decline in older adults, likely by suppressing the body’s immune system; depression leads to functional decline, functional decline contributes to depression, and a vicious cycle ensues. Depression can also lead to substance abuse which is a growing epidemic within the 60+ population — up to 17% abuse alcohol or drugs. This “hidden epidemic” is particularly true for women, who find themselves alone after friends and family die.

Family caregiving — 23% of all households are actively engaged in some form of caregiving for a senior family member or friend — already costs the nation’s corporate economy \$29 billion annually in absenteeism and lost productivity; the caregiving demands of the increasing senior population will consume an even larger proportion of the Gross Domestic Product. Twenty-three million US households have caregivers, of which 14.4 million work full or part-time outside the home.

The average duration of caregiving is about 4.5 years. Eight million of these caregivers face emotional/health problems as a result of the stresses. In fact, 61% of “intense caregivers” experience depression as a result of caregiving; this figure is six times the national average for the population at large. In almost 13% of all A/N/E cases reported to DA, the perpetrator is a son or daughter; in another 9% the perpetrator is a spouse, sibling or parent.

DA’s mission is to help seniors and adults with disabilities lead healthy and productive lives in the least restrictive environment of their choice. Identification of and intervention with A/N/E cases can delay premature institutionalization, save significant Medicaid and private funds, and — most importantly — improve the quality of life for DA’s customers.

Strategic Goal #8

Seniors and adults with disabilities are able to live in safety wherever they reside.

Outcomes, Outcome Measures

Outcomes	Outcome Measures
Decreased percent of seniors and adults with disabilities abused, neglected or exploited.	Percent of seniors and adults with disabilities who are reported abused, neglected or exploited. (The FY-98 baseline is 6630 people or 0.61%.)
Increased percent of seniors and adults with disabilities who are safe and secure in their environment.	Percent of seniors and adults with disabilities who report that they feel safe and secure in their neighborhood or home environment. (The baseline will be established in FY-00.)



Strategic Issue #9

The lifelong health, mental health and nutrition services for seniors and adults with disabilities should be affordable, accessible and of high quality.

Strategic Issue #9



The lifelong health, mental health and nutrition services for seniors and adults with disabilities should be affordable, accessible and of high quality.



- Health, mental health and nutrition needs of seniors and adults with disabilities are unmet in Missouri.
- Seniors and adults with disabilities are harmed when services are poor, unavailable, not affordable or accessible.
- Seniors, caregivers, families and advocates may not know about available services.

Issue Statement

Of all the issues reported to DA by both internal and external stakeholders, the single most consistent comment was that more and better guarantees were needed to ensure services for DA's customers would be of high quality and would be available. Missouri's significant senior population demands and deserves effective and appropriate community services to remain safely in their homes for as long as practical; should they transition to a nursing facility, their care must be appropriate, of the highest quality (i.e., consistent, professional) and delivered with dignity and respect. Anything less places at risk the physical and/or emotional well-being of DA customers.

Experts contend that there are three hallmarks of successful aging:

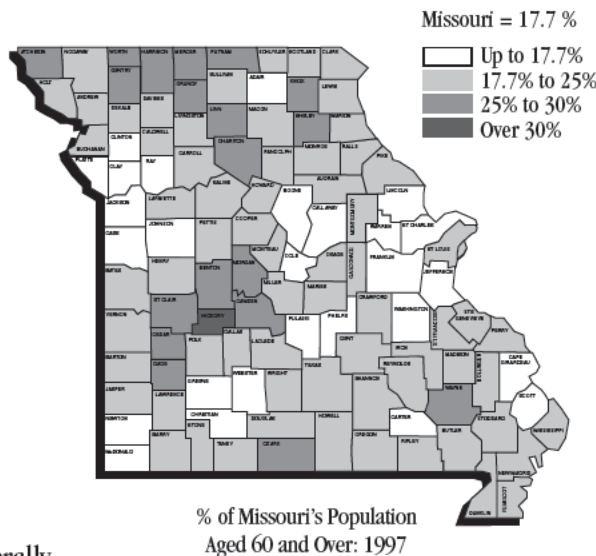
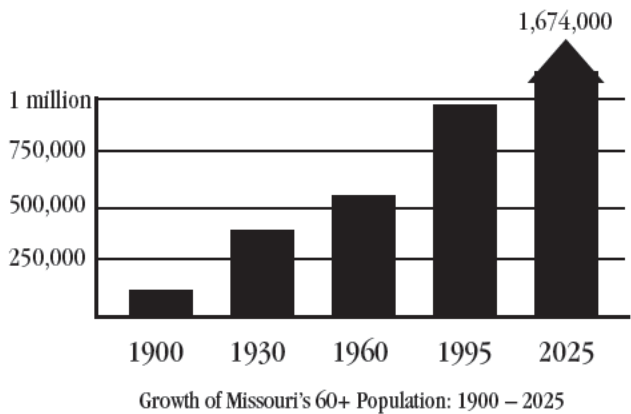
- Avoiding disease and unhealthy lifestyles;
- Maintaining high cognitive and physical function; and
- Staying engaged in life through active social connections.

DA's strategic plan targets behaviors, practices and services which affect these three hallmarks. The plan contains strategies relevant to seniors, adults with disabilities, their caregivers and providers.

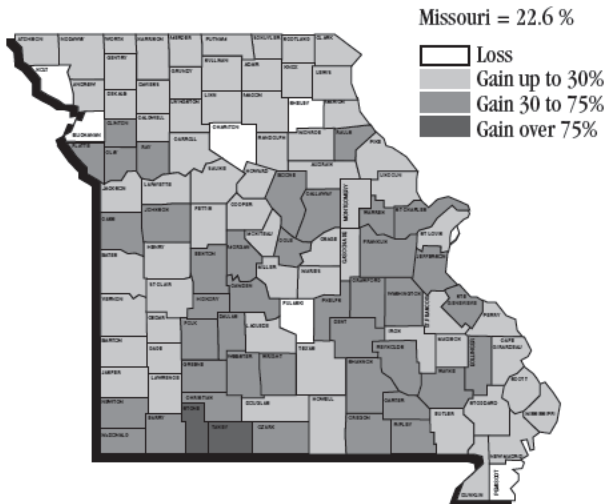
Demographic Changes

In the 19 centuries of the modern era, the human population gained three days each year in life expectancy. Since 1900, life expectancy has increased by over 100 days a year. This is arguably the most remarkable demographic phenomenon in history. Missouri's social and economic vitality is critically linked to this changing demographic picture.

As of 1997, 956,188 adults are over the age of 60 in Missouri. The number will swell to 1,172,336 by 2010; and to 1,674,000 by the year 2025. Missouri ranks 12th nationally in the percent of population age 65 and over; 14th in the number of citizens age 65+. In the 1990's, 28 counties experienced gains of 5% or more in the age 65-84 population; 42 counties saw their age 85+ population grow by more than 15%.



This explosion of the senior population statewide must be considered in the context of regional growth patterns, generally lower incomes for rural seniors relative to their urban counterparts, and disparities in income, life expectancy and health needs determined by race and gender (for example, 58% of the 60+ population is female). The availability and location of health and social services, given the location and migration patterns of senior Missourians, should direct the allocation of provider and division resources to best target and meet their needs.



Projected % Growth of Missouri's Population Aged 60 and Over: 1997–2010

	Life Expectancy	
	Women	Men
White	80	73
Black	74	65
	Median Income	
	Women	Men
White	\$8,600	\$15,300
Black	\$6,200	\$8,000

Selected Race/Gender Factors for Older Adults

Just over 11% of Missouri seniors fall below the poverty line. Thirty percent of those 65 and over live alone. These seniors, and those facing the daily challenges of chronic disease, depression and other factors, are among DA's target clients.

For some Missouri seniors, home is a long term care facility. At any given time, about 5% of Missouri's senior population – that was 47,057 in early 1999 – lives in a nursing home. At some point in their lives, 33% of men and 52% of women will enter a nursing facility – which will likely be one of the largest expenses they will ever face. The average American man will spend \$56,900 for facility care while the amount spent by the average woman, given her longer life expectancy, will be \$124,000. Women stay in a nursing facility about 26 months; men 19 months.

Needs Assessment

A survey of 5000 non-institutionalized older Missourians in 1994 identified that critical supportive services were in short supply or unavailable. Per that Needs Assessment of 60+ individuals:

- 38% reported that their activities are impaired because of a health problem;
- 25% felt lonely sometimes or quite often;
- 53% said that adult day health care services were not available or known to be available;
- 45% reported elder care information was not available or known to be available;
- 45% stated home repair services was not available or known to be available;
- 44% reported in-home therapy was not available or known to be available; and
- 44% said respite care was not available or known to be available.

Of course, many seniors at the time of the survey stated that they did not need services; however, applying the percentage rates of response to the senior population at large indicates that tens of thousands of older Missourians remain in need.

These gaps in service or programs need to be addressed if Missouri's older and disabled population is to receive the assistance it needs to prevent avoidable declines in health status — and avoid hospitalization or premature institutionalization. The need for long-term, community-based care is highest among older adults.

The incidence of disability among younger Americans is increasing; today, 40% of those needing long-term care are between the ages of 18-64.

Needs Assessment (continued)

In FY-98, thousands of seniors and adults with disabilities received community-based services authorized by the Division of Aging. An accounting of these services finds the following customer use rates...

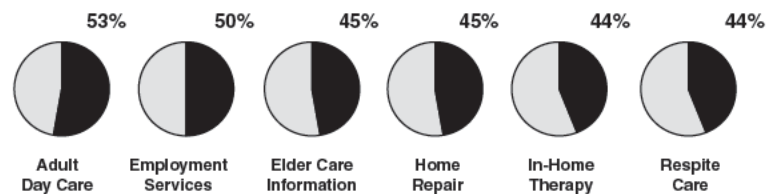
- 14% nutrition services
- 12% in-home services
- 3% transportation services
- 2% health promotion/disease prevention programs

1994 Need Assessment Summary Statistics

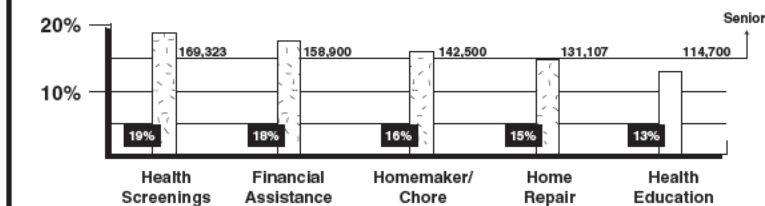
Customers Needing Help with Daily Tasks



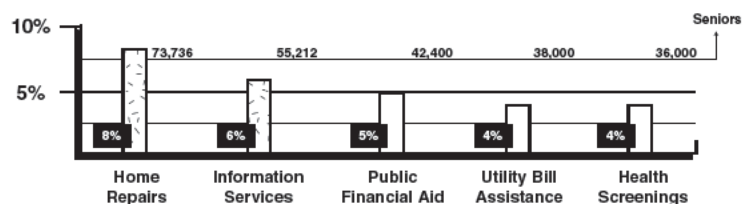
Services Not Available or Not Known to be Available



Reported Services of Greatest Need



Services Most Often Needed But Not Received



Illness And Disease

Many serious or communicable diseases are preventable, but according to the Department of Health prevention and control methods are often unused or accessed unevenly. Sadly, the death rate for Missouri seniors from communicable disease is 411 per 100,000 adults (1995 data), the highest of any age group. Pneumonia and influenza have serious consequences for older adults, and are two of the top ten causes of death annually. The current rate of influenza immunization among Medicare enrollees was approximately 46% in 1996; the federal government estimates that only 22% of Medicare beneficiaries received pneumonia inoculations between the years 1991-1996.

Injuries and falls also account for a significant portion of older adult health problems. The National Center for Health Statistics, for 1996, reported that injury and poisoning was the fourth largest diagnosis category for hospital admission given adults age 65 and over. They comprised 8.3% of total inpatient stays, behind only circulatory, respiratory and digestive system ailments.

Sudden or traumatic injuries are not the only source of health problems for older Missourians. Eighty percent of all seniors have at least one chronic disease. Per the 1994 Needs Assessment, 31% of those age 60+ experienced poor physical health an average of 17 days a month. And while 19% of individuals age 15 to 64 report living with a disability, 53% of seniors reported the same.

However, research shows that diet and exercise play a part in reducing stress, heart attacks, and hypertension, while slowing the debilitating consequences of many chronic disease. Physical decline often results more from disuse than age. Unfortunately, 63% of seniors are at moderate or high nutritional risk. Studies show that every \$1 spent on nutrition programs saves \$3.25 in hospital costs.

Quality Services

Services delivered to senior Missourians and adults with disabilities should be timely, reliable and appropriate. A primary task of DA is to ensure that services provided to customers meet these criteria.

In FY-98, 87% of in-home provider agencies delivered 80% or more of services authorized by DA case managers. In that same year, 12% of all in-home agencies received notices of substantial noncompliance, meaning they were significantly outside state standards in one or more areas which could include service delivery rates, training, or staff oversight. With regard to Medicaid/Medicare facilities, 9.2% were cited for substandard care and 48% were cited for quality of care violations.

Key to the quality services issue is provider recruitment and retention of trained and reliable staff. A robust economy and shrinking profit margins have combined to increase competition for workers at their wage and benefit levels (in particular, the food service and gaming industries), limiting the ability of some providers to maintain an adequate base of trained aides. A recent state sample of Missouri nursing facilities found an average annual turnover rate of 40%. In-home providers also experience retention problems. Compounding the situation for in-home aides is the distance between customer homes, especially in rural areas, as workers often are not reimbursed for mileage; some cannot afford to purchase or maintain reliable transportation. Information provided by several in-home providers suggests an annualized turnover rate between 30% to 58% for full- and part-time aides and other non-nursing personnel.

Strategic Goal #9

Seniors and adults with disabilities will have their long term care needs met wherever they live.

Outcomes and Outcome Measures

Outcomes	Outcome Measures
Increased percentage of seniors and adults with disabilities who receive all needed services.	Percent of seniors and adults with disabilities reporting type of care needed is available. (The baseline will be established in FY-00 through survey.)
Increased percentage of seniors and adults with disabilities who receive timely, competently-delivered services.	<p>Percent of seniors and adults with disabilities reporting service satisfaction. (The baseline will be established in FY-00 through survey.)</p> <p>Percent of residents statewide in Medicare/Medicaid facilities cited for substandard care. (The FY-98 baseline is to be developed by December 1, 1998.)</p> <p>Percent of Medicare/Medicaid facilities cited for quality of care violations. (The FY-98 baseline is 47.8%.)</p> <p>Percent of seniors and adults with disabilities observed by; a.-survey staff, b.-facility staff and c.-family/friends to have an acceptable quality of life. (The baseline will be established in FY-00 through survey.)</p>
Increased percentage of seniors and adults with disabilities who can access services.	Percent of seniors and adults with disabilities unable to receive services because they are not accessible. (The baseline will be established in FY-00 through survey.)
Increased percentage of seniors and adults with disabilities who have a means of financially supporting their care.	Percent of service recipients paying a portion of the cost of the services they receive. (The FY-98 baseline is 2.2%.)

Outcomes (continued)

Outcome Measures (Continued)

Decreased mortality among seniors and adults with disabilities due to pneumonia and influenza.

Mortality rate of seniors and adults with disabilities linked to pneumonia and influenza. (The FY-97 baseline for seniors is 16.87%.)

Increased percent of nursing facility residents free from avoidable functional decline.

Percent of seniors and adults with disabilities with avoidable functional decline. (The baseline will be established in FY-99 through Minimum Data Set.)

Increased social involvement of community-based recipients.

Percent of service recipients reporting an increase in community involvement. (The baseline will be established in FY-00 through survey.)

Clients and care givers empowered to make responsible, informed choices about their current and future care needs.

Percent of seniors and adults with disabilities aware of long term care options. (The baseline will be established in FY-00 through survey.)

Percent of care givers aware of available long term care options. (The baseline will be established in FY-00 through survey.)

Increased life expectancy for Medicaid eligibles.

Average life expectancy of Medicaid eligibles. (The FY-98 baseline is 77.2 years.)

Increased physical and mental health.

Percentage of hospitalizations for seniors and adults with disabilities. (The FY-96 baseline is 44.1%.)

Percentage of long term care residents using antidepressant medication or receiving psychological therapy related to depression. (The FY-98 baseline is 3.0%.)

Percentage of seniors and adults with disabilities who have an identified alcohol/drug abuse problem in a treatment program. (The baseline will be developed.)

Percentage of seniors and adults with disabilities receiving mental health counseling or treatment. (The baseline will be developed.)

Percentage of admissions to hospitals or nursing homes due to falls. (The FY-96 baseline is 14.7%.)

February
1999

Outcomes (continued)

Outcome Measures (continued)

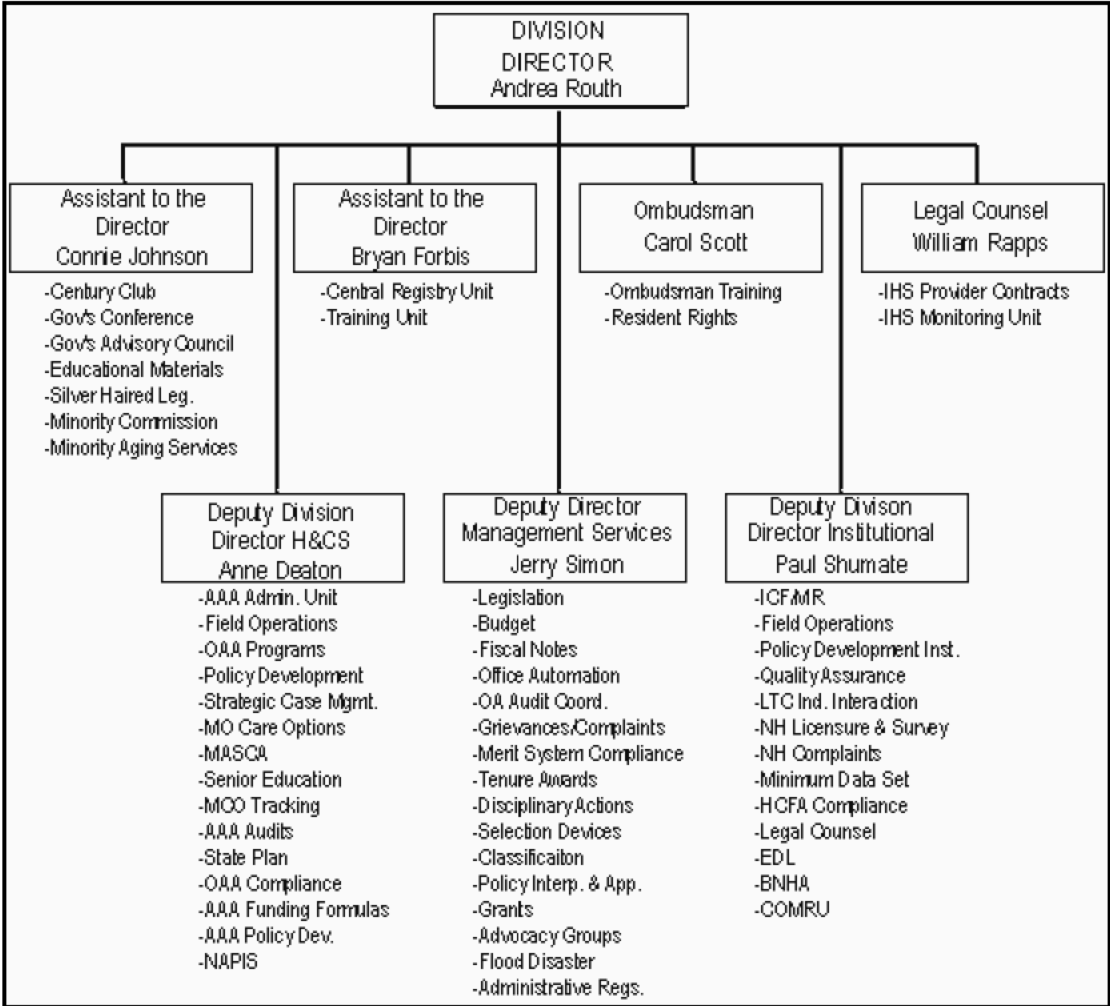
Increased physical and mental health.
(*continued*)

Percentage of seniors and adults with disabilities living independently. (The baseline will be established in FY-00 through survey.)

Percentage of nutrition program. (Congregate Meals program and In Home Meals program) participants who are determined to be at nutritional risk. (The baseline will be developed.)

Percent of long term care facility resident population experiencing avoidable weight loss or dehydration. (The baseline will be established in FY-99 through Minimum Data Set.)

Appendix B
Division of Aging
Functional Organizational Chart



Appendix C

STATE PLAN ASSURANCES

In accordance with the provisions of the Older Americans Act of 1965, implementing regulations, the Missouri Division of Aging makes the fol

GENERAL ASSURANCES

The State Plan will be based upon AAA's area plans which will utilize a uniform state format.

The Division of Aging will develop methods to ensure AAAs set specific area plan objectives for providing services to older individuals with the greatest social and economic need, with particular attention to low-income minority individuals.

The Division of Aging will pursue activities to increase the access of older Native Americans to aging programs and benefits.

The Division of Aging will develop methods to identify and remove conflicts of interest at the state and AAA level.

The Division of Aging will ensure that preference in receiving Title III services will not be given by an area agency to particular older individuals as a result of a contract or commercial relationship.

The Division of Aging will ensure that the state agency and AAAs will: maintain the integrity and public purpose of services; disclose to the Assistant Secretary the identity of each nongovernmental entity with which the State or AAA has a contract or commercial relationship and the nature of the contract or relationship; demonstrate that no loss in quantity or quality of services under the State Plan will be enhanced as a result of the contract or relationship; and, on request of the Assistant Secretary, disclose all sources and expenditures of funds.

The Division of Aging will expend at a minimum in each fiscal year 105 percent of the amount expended for Title III, V and VII in FFY 1978 for services to rural older persons.

The Division of Aging will establish and operate an office of the State Long-Term Care Ombudsman. The Office shall carry out the Ombudsman program. The Ombudsman shall personally, or through representatives of the Office, carry out the provisions of the Older Americans Act.

The Division of Aging will expend not less than the funds spent in fiscal year 1991 in carrying out the Long-Term Care Ombudsman program.

The Division of Aging, in designating entities as local ombudsman entities, will place no restrictions other than the requirements listed in the Older Americans Act.

The Division of Aging will ensure AAAs program services authorized under section 303(g) are consistent with state law and all federal statutory and regulatory requirements are met.

The Division of Aging and the AAAs will expend funds to carry out parts E and G when funds are appropriated.

The Division of Aging will ensure AAAs only engage in activities which are consistent with the statutory mission as prescribed in the Older Americans Act and as specified in state policies under section 1321.11.

The Division of Aging will ensure that no supportive, nutrition, or in-home services will be provided directly by the state unit or AAA except where the state unit judges provision of such service is necessary to ensure an adequate supply, or directly relates to administrative functions, or comparable quality can be provided more economically by the state unit or AAA.

The Division of Aging will ensure all services provided under Title III meet existing state and local licensing, health and safety requirements.

The Division of Aging will ensure that funds received under Title III will not be used to pay any part of a cost (including administration) incurred by the State or any area agency to carry out a contract or commercial relationship that is not carried out to implement Title III.

The Division of Aging will ensure that the State has in effect a mechanism to provide for the quality of in-home services under Title III.

The Division of Aging will ensure that the State has in effect a mechanism to provide an opportunity for a hearing upon request to any service provider including AAAs and applicants to provide service.

The Division of Aging will demonstrate the unmet need and explain the benefits of service provision toward the improvement of the quality of life for older individuals if funds received under section 303(f) of the Older Americans Act are used for services other than preventive health specified in section 361.

The Division of Aging will ensure persons with disabilities who reside in a non-institutional household with an accompanying person eligible for congregate meals will be provided a meal on the same basis that meals are provided to volunteers pursuant to section 307(a)(13)(I) of the Older Americans Act.

The Division of Aging will ensure that in carrying out any chapter of Title VII in which the State receives funding under Title VII, it will establish programs in accordance with the requirements of Title VII.

The Division of Aging will, in consultation with AAAs, identify and prioritize statewide activities aimed at ensuring that older individuals have access to and assistance in securing and maintaining benefits and rights.

The Division of Aging will ensure that any funds made available under Title VII will be used for activities in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this Title, to carry out the elder rights activities described in Title VII.

PUBLIC INPUT AND HEARINGS

The Division of Aging will take into account the views of service recipients or persons using multipurpose senior centers in the development and administration of the State Plan.

The Division of Aging will hold public hearings to obtain the views of older individuals and other interested parties regarding programs carried out under Title VII.

CONTRACTS OR GRANTS

The Division of Aging will adopt a financial management system to properly disperse and account for all federal funds received for administration of the Older Americans Act.

The Division of Aging will fund Program Development and Coordination (PDAC) activities as a cost of supportive services, when an AAA has first expended 10 percent of the total combined allotments for supportive and nutrition services on area plan administration. The details of the proposed expenditure of PDAC as a cost to supportive services will be made available to the general public for review and comment. Expenditures of PDAC will have a direct and positive impact on the service enhancement for older persons.

CONTRIBUTION FOR SERVICES

The Division of Aging will ensure procedures exist to ensure all services are provided without use of any means test and all older persons are provided opportunities to voluntarily contribute to the cost of the service.

TRAINING

The Division of Aging will provide in-service training opportunities for personnel of agencies and programs funded under the Older Americans Act.

The Division of Aging will ensure AAA's contracts and grants with education and training agencies are with providers that demonstrate the experience and capacity to deliver education and training services.

The Division of Aging will ensure that special efforts will be made to provide technical assistance to all minority service providers.

The Division of Aging will ensure AAAs compile and make available at multipurpose senior centers, congregate nutrition sites and in other appropriate places, information on courses of post-secondary education offered to older individuals with little or no tuition.

RECORDS AND REPORTS

The Division of Aging will develop and implement appropriate data collection procedures to gather information for accurate and timely reports to the Commissioner.

OUTREACH AND COORDINATION

The Division of Aging will require AAAs to utilize interpreters fluent in the predominant non-English language when a substantial number of older persons with limited English-speaking ability reside within the planning and service area for outreach, counseling, and guidance activities and to sensitize service staff to linguistic and cultural differences.

The Division of Aging will require outreach efforts to identify and inform older persons eligible for assistance under this part with special emphasis placed on older individuals residing in rural areas, older individuals with greatest economic need (with particular attention to low-income minority individuals), older individuals with greatest social need (with particular attention to low-income minority individuals), older individuals with severe disabilities, older individuals with limited English-speaking ability, and older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals) and inform the older individuals referred to above and the caretakers of such individuals, of the availability of such services including outreach to identify older Native Americans as required by section 306(a)(6)(N).

The Division of Aging will coordinate planning, identification, needs assessment and services for older individuals with disabilities with other state agencies responsible for persons with disabilities with particular attention to individuals with severe disabilities and, where appropriate, develop collaborative programs.

The Division of Aging will carry out, when funded, outreach activities to identify and provide application assistance to older individuals with greatest economic need who may be eligible to receive benefits under Titles XVI, XIX of the Social Security Act and benefits under the Food Stamp Act of 1977.

The Division of Aging will ensure AAAs conduct efforts to facilitate the coordination of community-based long-term care services, pursuant to Older Americans Act section 306(a)(6)(I).

The Division of Aging, where appropriate, will coordinate all services for Older Americans with those for Native Americans.

The Division of Aging will ensure that the State will distribute funds for activities under Chapter 5 (Outreach, Counseling, and Assistance Program) based on criteria and methods listed in the Act.

The Division of Aging will ensure that demonstrable efforts will be made to coordinate Older Americans Act services with other state services and to provide multigenerational activities. The Division of Aging will develop policies governing all program aspects operated under the Older Americans Act, including the manner in which the ombudsman program operates.

The Division of Aging will ensure that the State will coordinate public services to assist older individuals to obtain transportation services associated with access to services under Title III, to services under Title VI, to comprehensive counseling services and to legal assistance.

PRIORITY SERVICES

The Division of Aging will ensure AAA's legal services contracts meet all statutory and regulatory requirements including the requirements in Section 307(a)(15) of the Older Americans Act.

The Division of Aging will ensure that priority will be given to legal assistance related to income, health care, long-term care, nutrition, housing and utilities, protective services, defense of guardianship, abuse, neglect, exploitation and age discrimination.

The Division of Aging will assign personnel to provide state leadership in developing legal assistance programs for older individuals.

The Division of Aging will ensure area plans are amended annually to include details of the amounts expended for each priority service during the past fiscal year.

ELDER ABUSE

The Division of Aging ensures that programs for the prevention of elder abuse, neglect and exploitation will be conducted consistent with relevant State law and coordinated with existing State adult protective service activities.

The Division of Aging will not permit involuntary or coerced participation in the program of services by victims, abusers, or their households. All information gathered in the course of receiving reports and making referrals shall remain confidential except: if all parties to such complaint consent in writing to the release of such information; if the release of such information is to a law enforcement agency, public protective services agency, licensing or certification agency, ombudsman program or protection or advocacy; or upon court order.

AREA PLANS

The Division of Aging will require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the Division of Aging for approval an area plan which complies with the provisions of section 306 of the Older Americans Act.

IN-HOME SERVICES FOR FRAIL OLDER INDIVIDUALS

The Division of Aging will consult and coordinate in the planning and provision of In-Home Services for Frail Older Individuals with State and local agencies and private nonprofit organizations which administer and provide services relating to health, social services, rehabilitation, and mental health services.

CASE MANAGEMENT

The Division of Aging will ensure that the AAAs comply with section 306(a)(20) if case management services are offered to provide access to supportive services.

INFORMATION AND ASSISTANCE

The Division of Aging will ensure that older individuals in the state who are not furnished adequate information and assistance services under section 306(a)(4) will have reasonably convenient access to such services.

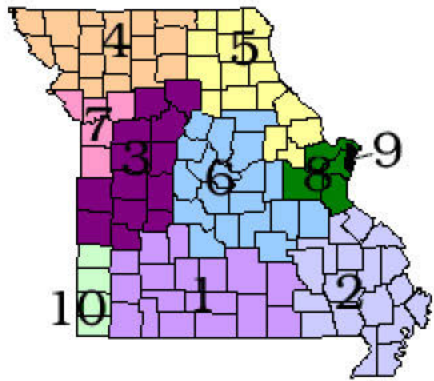
NUTRITION SERVICES

The Division of Aging will ensure the AAAs meet the requirements related to nutrition services stated in section 307(a)(13) of the Older Americans Act.

SENIOR CENTER

The Division of Aging will follow all statutory and regulatory requirements concerning awards for multipurpose senior centers.

Appendix D
Missouri Area Agencies on Aging



<p>1. Dorothy Knowles, Exec. Director Southwest MO Office on Aging 1735 S. Fort Springfield, MO 65805 (417) 862-0762 dkk@swmoa.com </p>	<p>2. Glenda Hoffmeister, Exec. Director Southeast MO AAA 1219 N. Kingshighway, Suite 100 Cape Girardeau, MO 63701 (573) 335-3331 semoaaa@ldd.net </p>
<p>3. Raymond Diekmeier, Exec. Director District III AAA 106 W. Young St., Box 1078 Warrensburg, MO 64093 (660) 747-3107 dist3aaa@iland.net </p>	<p>4. Ron Rauch, Exec. Director Northwest MO AAA Box 265 Albany, MO 64402 (660) 726-3800 nwmoaaa@ponyexpress.net </p>
<p>5. Pam Windtberg, Exec. Director Northeast MO AAA 815 N. Osteopathy Kirksville, MO 63501 (660) 665-4682 nemoaaa@kvmo.net </p>	<p>6. Jean Leonatti, Exec. Director Central MO AAA 1121 Business Loop 70 E., Suite 2A Columbia, MO 65201 (573) 443-5823 jleonatti@usi.com </p>
<p>7. Jacqui Moore, Dir. of Aging Services Mid-America Regional Council 300 Rivergate Ctr., 600 Broadway Kansas City, MO 64105-9990 (816) 474-4240 jacquimo@marc.org </p>	<p>8. William Keel, Exec. Director Mid-East MO AAA 14535 Manchester Manchester, MO 63011-3960 (314) 962-7999 info@mid-eastaaa.org </p>

9. David Sykora, Exec. Director

St. Louis AAA

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St. Louis, MO 63103

(314) 658-1168

sykoraD@stlouiscity.com**10. Richard Russell, Exec. Director**

Region X AAA

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vantage@clandjop.com

Appendix E
AAA FUNDING FORMULA
(Effective for State Fiscal Year 2000)

The formula has been developed using the following factors and weights:

- (A) Number of individuals 60 and over = 25%.
 - (B) Number of individuals 60 and over below poverty = 25%.
 - (C) Number of minority individuals age 60 and over below poverty = 25%.
 - (D) Number of individuals age 60 and over in greatest social need = 25%.
- (Sub-factors of greatest social need category:
Number of individuals age 60 and over with a mobility and/or self care limitation = 6.25%.
Number of individuals age 60 and over with limited English = 6.25%.
Number of minority individuals age 60 and over = 6.25%.
Number of rural individuals age 60 and over = 6.25%.)

FACTORS, FACTOR WEIGHTS, AND NUMBER OF PERSONS USED IN PERCENTAGE CALCULATIONS

FACTORS WEIGHTS	NUMBER OF INDIVIDUALS 60 AND OVER 25%	NUMBER OF INDIVIDUALS 60 AND OVER BELOW POVERTY 25%	NUMBER OF INDIVIDUALS 60 AND OVER MINORITY BELOW POVERTY 25%	NUMBER OF INDIVIDUALS 60 AND OVER IN GREATEST SOCIAL NEED 25%	ALLOCATION PERCENTAGE =100%
AREA AGENCY ON AGING					
ME AAA	256,085	13,595	2,286	69,757	20.72%
MARC	157,581	15,934	4,873	60,024	14.46%
SMOA	113,118	17,756	344	80,150	12.82%
SL AAA	62,736	14,826	9,024	52,912	8.46%
SEMO AAA	83,744	18,346	1,574	68,800	10.46%
CM AAA	96,239	12,498	574	71,609	10.97%
NWMO AAA	53,735	8,987	145	41,052	6.30%
DIST. III AAA	54,887	8,043	227	45,424	6.59%
NEMO AAA	45,049	7,189	346	39,519	5.59%
AAA REG. X	33,014	5,557	189	21,144	3.63%
TOTALS	956,188	122,731	19,582	550,391	100.00%

SUB-FACTORS OF GREATEST SOCIAL NEED CATEGORY

FACTORS	NUMBER OF INDIVIDUALS 60 AND OVER WITH A MOBILITY/ SELF-CARE LIMIT.	NUMBER OF INDIVIDUALS 60 AND OVER WITH LIMITED ENGLISH	NUMBER OF MINORITY INDIVIDUALS 60 AND OVER	NUMBER OF RURAL INDIVIDUALS 60 AND OVER	TOTAL
AREA AGENCY ON AGING					
ME AAA	32,659	1,189	14,468	21,441	69,757
MARC	25,933	935	20,262	12,894	60,024
SMOA	18,236	258	1,285	60,371	80,150
SL AAA	20,063	820	32,029	0	52,912

SEMO AAA	17,281	121	3,541	47,857	68,800
CM AAA	14,980	268	2,722	53,639	71,609
NWMO AAA	9,342	152	951	30,607	41,052
DIST. III AAA	9,197	75	1,279	34,873	45,424
NEMO AAA	7,892	108	1,377	30,142	39,519
AAA REG. X	6,072	104	713	14,255	21,144
TOTALS	161,655	4,030	78,627	306,079	550,391

The data related to Number of Individuals 60 and Over is based upon 1997 Census Estimates prepared by the Missouri Office of Administration, Division of Budget and Planning in coordination with the U.S. Census Bureau.

The data used within these tables is from the 1990 Census. The U.S. Census Bureau has reported an error in the table including white Hispanics age 60 and over below poverty. Information related to white Hispanics below poverty within the Low-Income Minority category will be amended as better information becomes av

Appendix F
AAA FUNDING FORMULA
DISEASE PREVENTION/HEALTH PROMOTION
(EFFECTIVE FOR STATE FISCAL YEAR 2000)

AREA AGENCY	TOTAL WEIGHTED SCORES	NUMBER OF COUNTIES	AVERAGE SCORE PER REGION	60 + POPULATION	POPULATION IN HPSA
AREA AGENCY	See Note 1				
SOUTHWEST	170	17	10	113,118	56,524
SOUTHEAST	212	18	11.7778	83,744	48,976
DISTRICT III	119	13	9.1538	54,887	24,922
NORTHWEST	182	18	10.1111	53,735	18,528
NORTHEAST	161	16	10.0625	45,049	17,925
CENTRAL MO	174	19	9.1579	96,239	29,612
MARC	34	5	6.8	157,581	122,019
MID-EAST	22	4	5.5	256,085	11,539
ST. LOUIS	11	1	11	62,736	47,052
REGION X	37	4	9.25	33,014	5,761
TOTALS			92.8131	956,188	382,858

AREA AGENCY	AVERAGE SCORE PER REGION	% 60 + POPULATION	% 60 + POPULATION IN HPSA	SUM OF THREE COLUMNS	ALLOCATION PERCENTAGE
SOUTHWEST	10.00	11.83%	14.76%	36.59	12.50%
SOUTHEAST	11.78	8.76%	12.79%	33.33	11.38%
DISTRICT III	9.15	5.74%	6.51%	21.40	7.31%
NORTHWEST	10.11	5.62%	4.84%	20.57	7.03%
NORTHEAST	10.06	4.71%	4.68%	19.45	6.64%
CENTRAL MO	9.16	10.07%	7.74%	26.97	9.21%
MARC	6.80	16.48%	31.87%	55.15	18.83%
MID-EAST	5.50	26.78%	3.02%	35.30	12.06%
ST. LOUIS	11.00	6.56%	12.29%	29.85	10.19%
REGION X	9.25	3.45%	1.50%	14.20	4.85%
	92.81	100.00%	100.00%	292.81	100.00%

NOTE 1: TOTAL WEIGHTED SCORES

COMPOSITE WEIGHTED COUNTY SCORES FOR EACH OF THE FOLLOWING FOUR (4) FACTORS:

1. INDIVIDUALS 60 AND OVER, BELOW POVERTY.
2. INDIVIDUALS 60 AND OVER, MEDICAID.
3. INDIVIDUALS 60 AND OVER, MINORITY.
4. POPULATION PER SQUARE MILE.

Appendix G
PRIORITY SERVICES MINIMUMS

Section 307(a)(22) of the Older Americans Act requires the state unit on aging to specify a minimum percentage of the funds received by each AAA for supportive services be expended by such AAA to provide priority services to elderly individuals within each AAA's respective planning and service area (PSA). The categories of priority service include: transportation, outreach, information and assistance, and case management. Those services associated with the in-home category include: homemaker, home health aides, visiting and telephone reassurance, chore maintenance, and supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders.

In accordance with Section 307(a)(22) of the Older Americans Act, the Division of Aging has established the following minimum percentages of funds received by the AAAs under Title III-B of the Older Americans Act be expended for provision of the priority service categories.

ACCESS SERVICES	LEGAL SERVICES	IN-HOME SERVICES
40%	1%	20%

Appendix H
AAA FUNDING ALLOCATIONS

THROUGH THE MISSOURI DIVISION OF AGING	
REVENUE SOURCE	FY 1999
FEDERAL OLDER AMERICANS ACT	24,057,143
MISSOURI GENERAL REVENUE	9,380,753
SOCIAL SERVICE BLOCK GRANT	\$2,774,022
ELDERLY HOME DELIVERED MEALS TRUST FUND	\$62,224
	\$36,274,142

THROUGH THE MISSOURI DEPARTMENT OF TRANSPORTATION	
REVENUE SOURCE	SFY 1999
MISSOURI ELDERLY & HANDICAPPED TRANSPORTATION ASSISTANCE PROGRAM	\$1,405,041

Appendix I
AAA SERVICE DELIVERY AND EXPENDITURES

SERVICE	FY 1999
TRANSPORTATION	
DOLLARS	\$6,070,563
UNITS	1,113,769
PERSONS SERVED	31,095
INFORMATION AND ASSISTANCE	
DOLLARS	\$758,521
UNITS	82,154
PERSONS SERVED	71,108
HOMEMAKER	
DOLLARS	\$1,359,617
UNITS	136,610
PERSONS SERVED	2,567
LEGAL	
DOLLARS	\$279,766
UNITS	7,686
PERSONS SERVED	2,722
ADULT DAY CARE	
DOLLARS	\$357,023
UNITS	64,113
PERSONS SERVED	284
COUNSELING	
DOLLARS	\$54,459
UNITS	3,073
PERSONS SERVED	1,185
CASE MANAGEMENT	
DOLLARS	\$448,359
UNITS	22,407
PERSONS SERVED	5,451
HOME REPAIR	
DOLLARS	\$55,280
UNITS	2,289
PERSONS SERVED	487
OUTREACH	
DOLLARS	\$71,102
UNITS	5,590
PERSONS SERVED	2,090
PERSONAL CARE	
DOLLARS	\$369,331
UNITS	36,528
PERSONS SERVED	638
PUBLIC EDUCATION AND INFORMATION	
DOLLARS	\$200,736
UNITS	245,658
PERSONS SERVED	53,676

RECREATION		
DOLLARS	\$220,807	
UNITS	129,140	
PERSONS SERVED	8,027	
<hr/>		
RESPITE		
DOLLARS	\$451,441	
UNITS	49,278	
PERSONS SERVED	408	
<hr/>		
IN-HOME VISITATION		
DOLLARS	\$40,030	
UNITS	23,010	
PERSONS SERVED	13,331	
<hr/>		
TELEPHONE REASSURANCE		
DOLLARS	\$45,338	
UNITS	39,864	
PERSONS SERVED	1,321	
<hr/>		
COUNSELING		
DOLLARS	\$54,459	
UNITS	3,073	
PERSONS SERVED	1,185	
<hr/>		
SCSEP		
DOLLARS	\$1,875,585	
UNITS	303	
PERSONS SERVED	401	
<hr/>		
OMBUDSMAN		
DOLLARS	\$714,038	
UNITS	6,281	
PERSONS SERVED	6,281	
<hr/>		
CONGREGATE MEALS		
DOLLARS	\$13,474,461	
UNITS	3,700,514	
PERSONS SERVED	97,252	
<hr/>		
HOME DELIVERED MEALS		
DOLLARS	\$19,831,914	
UNITS	5,156,597	
PERSONS SERVED	36,267	
<hr/>		
DISEASE PREVENTION - HEALTH PROMOTION PROGRAMS		
DOLLARS	\$480,732	
UNITS	50,260	
PERSONS SERVED	23,691	
<hr/>		
OTHER OLDER AMERICANS ACT FUNDED PROGRAMS		
DOLLARS	\$246,480	
UNITS	293,649	
PERSONS SERVED	4,678	
<hr/>		
OTHER NON OLDER AMERICANS ACT FUNDED PROGRAMS		
DOLLARS	\$1,091,415	
UNITS	N/A	
PERSONS SERVED	N/A	

Appendix J
Membership Listings

- ▶ [Advisory Committee Membership Li](#)
 - ▶ [Governor's Advisory Council On Aging](#)
 - ▶ [Services For the Elderly Advisory Council Members](#)
 - ▶ [Commission on Special Health, Psychological and Social Needs of Minority Older Individuals](#)
-
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**Membership Listings:
Advisory Committee Membership Lists**

Alzheimer's Association Coalition

Vickie Conor, Northwestern MO Chapter, P.O. Box 1241, St. Joseph 64502
Kim Collins, Heartland Chapter, 3846 W. 75th Street, Prairie Village, KS 66208-0076
Patty Ingle, Southwestern MO Chapter, 2021 S. Waverly Ave, Ste 100 Springfield, MO 65804
Penny Braun, Mid-MO Chapter, 1121 Business Loop 70E, Columbia, MO 65201
Kathy O'Brien, St. Louis Chapter, 9374 Olive Boulevard, St. Louis, MO 63132

Missouri Senior Employment Coordinating Committee (MSECC)

Virginia Gearhart, Division of Aging, 615 Howerton Court, Jefferson City, MO 65102
Janice Bramwell, Green Thumb, P.O. Box 414, Buffalo, MO 65622
Bill Dent, Division of Employment Security, P.O. Box 59, Jefferson City, MO 65101
John Nichols, MO-Kan Regional Council/NCOA, 1302 Faraon, St. Joseph, MO 64501
Becky Olson, AARP, 306 E. 12th, #900, Kansas City, MO 64106
Grace Momon, Jewish Vocational Service, 1608 Baltimore, Kansas City, MO 64106
Charlene Robertson, Region X AAA/NCOA, 1710 E. 32nd, Joplin, MO 64803
Ann Rinehart, US Forest Service, 401 Fairgrounds Rd., Rolla 65401
Billie Stallings, Cardinal Ritter Institute, 4483 Lindell Blvd., St. Louis MO 63108
Tammy Floyd, Division of Job Training & Development, P.O. Box 1087, Jefferson City, MO 65102

SHL BOARD MEMBERSHIP

OFFICERS:

House

Lillian Metzger (Speaker) 30 Heritage Lane, Troy 63379
Don Hall (Speaker Pro Tem), Rt. 3, Box 351, Stockton 65785
Charles Jensen (Majority Leader), 10025 Cedar Ridge Dr., Rolla 64501
Keith Hardin (Minority Leader), 207 Grandview, Richmond 64085

Senate

DeForrest Cline (President Pro Tem) 1422 E. Powell, Springfield 65804
Bea Roam (Majority Leader), P.O. Box 684, Richland 65556
John Metzger (Minority Leader), 30 Heritage Lane, Troy 63379

Delegation Chairs

(SW) Dale Johnson, P.O. Box 363, Alton 65606
(SE) Daisy DeBoard, 305 Maple, Farmington 63640
(DIII) Cleo Foltz, P.O. Box 266, Wheatland 65779
(NW) Lucille Crumpton, 3122 Beltview Dr., St. Joseph 64506
(NE) Genevieve Lynch, Rt. 3, Box 160, Moberly 65270-9566
(CM) Martha Hicks, 918 Carol, Jefferson City 65101
(MARC) Noel Scott, 512 E. 7th, Kearney 64060
(ME) Frank Avery, 524 E. 11th, Washington 63090
(STL) Priscilla Guthrie, 6440 E. Court, St. Louis 63116
(REG X) Vesta Grindstaff, 2821 W. 23rd, Joplin 64804

SHL Officers:

President - Lillian Metzger

1st Vice President - Grace Gardner

2nd Vice President - Priscilla Guthrie

Secretary - Betty

Treasurer - Daisy DeBoard

Membership Listings:
GOVERNOR'S ADVISORY COUNCIL ON AGING

1. Robinson Franklin (Frank) Avery
524 East 11th Street
Washington, MO 63090-4543
Appointment 01/24/94-09/30/96
Reappointed 02/13/97-06/30/99
2. Patrick J. Barrett
669 Wyndham Crossings Circle
Des Peres, MO 63131
Appointment 05/06/99-09/30/00
3. Carol L. Beahan
Missouri Patient Care Review Foundation
505 Hobbs Road, Suite 100
Jefferson City, MO 65109
Appointment 04/02/93-09/30/95
Reappointed 06/28/96-09/30/98
Reappointed 12/30/98-09/30/01
4. Dolores Davis-Penn, Ph.D.
1305 Dixon Drive
Jefferson City, MO 65101
Appointment 01/23/95-09/30/97
5. Jewell Ellis
Route 1 Box 66
Sedgewickville, MO 63781
Appointment 04/14/93-09/30/94
Reappointed 11/22/94-09/30/97
6. Lillian Eunice, 1st Vice-Chairman 7753
Nacomis Drive
St. Louis, MO 63121
Appointment 03/24/92-09/30/92
Reappointed 04/22/93-09/30/95
Reappointed 02/13/97-06/30/98
7. Dorothy Fauntleroy
Swope Ridge Geriatrics Center
5900 Swope Parkway
Kansas City, MO 64130
Appointment 11/22/94-09/30/97
Reappointed 12/30/98-09/30/00
8. Bill R. Foster
Foster Health Care Group
426 South Jefferson, 2nd Floor
Springfield, MO 65806
Appointment 06/28/96-09/30/98
13. Larry Lieberman
7129 Kingsbury Blvd
University City, MO 63130-4307
Appointment 04/14/98-09/30/00
14. Gary L. Mallory, Chairman
519 London Way
Belton, MO 64012
Appointment 03/31/93-09/30/95
Reappointed 06/28/96-09/30/98
Reappointed 12/30/98-09/30/01
15. C. Lillian Metzger
30 Heritage Lane
Troy, MO 63379-9461
Appointment 03/22/96-09/30/98
Reappointed 12/30/98-09/30/01
16. Sylvia Nissenboim
9518 Engel Lane
St. Louis, MO 63132
Appointment 04/14/98-09/30/00
17. Margie E. Peltier
2914 East 55th Street
Kansas City, MO 64130
Appointment 03/03/94-09/30/96
Reappointed 01/30/97-09/30/99
18. Nancy Quick
4331 North Essex Avenue
Springfield, MO 65803
Appointment 08/15/89-09/30/91
Reappointed 04/21/93-09/30/94
Reappointed 11/22/94-09/30/97
Reappointed 04/23/98-09/30/00
19. Patricia C. Seward, Ex-Officio
9505 Stateline, Chartwell #8
Kansas City, MO 64114
Appointment 08/01/91-09/30/93
Reappointed 01/24/94-09/30/96
20. Arthur Sharpe, Jr.
7131 Willow Tree Lane
University City, MO 63130
Appointment 04/06/99-09/30/01
21. Lilburn E. Smith
424 East Sunshine

9. Ann M. Gowans, Ph.D.
701 Redbud Lane
Columbia, MO 65203
Appointment 09/30/98-09/30/01

10. Porter Keith Hardin
207 Grandview
Richmond, MO 64085
Appointment 12/20/96-09/30/98

11. Jerry Kinder, Ed.D.
1391 Madison 222
Fredericktown, MO 63645
Appointment 04/14/98-09/30/99

12. Marli Klumb
401 North Delaware
Butler, MO 64730
Appointment 10/29/93-09/30/94
Reappointed 11/22/94-09/30/97
Reappointed 04/23/98-09/30/00

Springfield, MO 65807
Appointment 06/28/96-09/30/96
Reappointed 01/16/97-09/30/99

22. Michael J. Spreng
1960 South New Florissant Road
Florissant, MO 63031-8312
Appointment 04/06/99-09/30/01

23. Janis VanMeter, 2nd Vice-Chairman
P.O. Box 158
Lewistown, MO 63452
Appointment 04/01/93-09/30/94
Reappointed 11/22/94-09/30/97

24. Kenneth Worley
10337 Aikinsville Road
Fortuna, MO 65034
Appointment 08/06/99-09/30/01

CHAIRMAN: Gary Mallory
1st VICE-CHAIRMAN: Lillian Eunice
2nd VICE-CHAIRMAN: Janis VanMeter

Ex-Officio: Patricia C. Seward
9505 Stateline, Chartwell #8
Kansas City, MO 64114
Appointment 08/01/91-09/30/93
Reappointed 01/24/94-09/30/96

**Membership Listings:
 Services for the Elderly Advisory Council Members**

IN-HOME SERVICES	ASSOCIATIONS
Scott Andrews Oxford HealthCare 3660 South National Springfield, MO 65808-0939 (800) 749-6555 Fax: (417) 883-9381	Carol Beahan Missouri Patient Care Review Foundation 505 Hobbs Rd., Suite 100 Jefferson City, MO 65109 (573) 893-7900 Ext. 203 Fax: (573) 893-5827
Steve Bradford Pyramid Group, Inc. P.O. Box 1927 Cape Girardeau, MO 63702-1927 (573) 339-1864 Fax: (573) 339-1964	Peter DeSimone Missouri Association for Social Welfare 308 East High Street Jefferson City, MO 65109 (573) 634-2901 Fax: (573) 635-1648
Margaret Cossette Missouri Home Care P. O. Box EE Rolla, MO 65401 (573) 341-3456 Fax: (573) 341-9018	Sarah Grimm Missouri Patient Care Review Foundation 505 Hobbs Rd., Suite 100 Jefferson City, MO 65109 (573) 893-7900 Fax: (573) 893-5827
Jeff Crowley Serve Link P.O. Box 308 Trenton, MO 64683 (660) 359-4218 Fax: (660) 359-2134	Ann Hartmann MO Coalition for Quality Care 13220 Old Palestine Rd. Bunceton, MO 65237 (660) 838-6331
Gretchen Curry Supplemental Medical Services, Inc. 1177 N. Warson, Suite 204 St. Louis, MO 63132-1810 (314) 997-8833, ext. 205 Fax: (314) 997-3115	Leslie Jordon Missouri Coalition of Community Mental Health Centers 915 Southwest Blvd., Suite A Jefferson City, MO 65109 (573) 634-4626 Fax: (573) 634-8858
James McNeal Mid-South Services Group, Inc. 704 Swan Lake Drive Hayti, MO 63851 (573) 379-2047 Fax: (573) 379-2503	Gloria Metzger Missouri Hospital Association P. O. Box 60 Jefferson City, MO 65102-0060 (573) 893-3700 Ext. 1329 Fax: (573) 893-2809
Dolores Moore Catholic Charities of Kansas City 1112 Broadway Kansas City, MO 64105 (816) 221-4377 Ext. 346 Fax: (816) 221-9116	Mary Schantz Missouri Alliance for Home Care 2420 Hyde Park Rd., Suite A Jefferson City, MO 65101 (573) 634-7772 (573) 634-4374 (fax)
Bonnie Whorton Home Care of Mid-Missouri 102 W. Reed	

Moberly, MO 65270 (660) 263-1517 Fax: (660) 263-8033	
NURSING HOMES	RESIDENTIAL CARE FACILITIES
Shawn Bloom MO Association of Homes for the Aging 308 Monroe Street Jefferson City, MO 65101 (573) 635-6244 Fax: (573) 635-6618 Earl Carlson Missouri Health Care Association 236 Metro Drive Jefferson City, MO 65109 (573) 893-2060 Fax: (573) 893-5248 David Duncan Tiffany Care Centers P. O. Box 308 Mound City, MO 64470 (660) 442-3128 Fax: (660) 442-3717 Bill Foster Foster Group 426 S. Jefferson Springfield, MO 65806 (417) 831-0174 Fax: (417) 831-7215 Pat Woodward Lutheran Convalescent Home 723 S. Laclede Station Rd. Webster Groves, MO 63119 (314) 968-5570 Fax: (314) 968-8504 Cindy Wrigley MO League of Nursing Home Administrators 907 Missouri Blvd. Jefferson City, MO 65109 (573) 634-5345 Fax: (573) 634-8590	Ed Bothe National Alliance for the Mentally Ill (NAMI) Maplewood Residential Care 1827 Crader Drive Jefferson City, MO 65101-2989 (573) 635-0023 Eric Fink Missouri Assisted Living Association Whispering Oaks Health Care Center 1450 Charic Drive Ballwin, MO 63021 (314) 256-7700 Fax: (314) 256-0559 Kathy Miller Miller Residential Care Route 1, Rock Road Paris, MO 65275 (660) 327-5680 Fax: (660) 327-5303 Jan Sonnenberg Heisinger Lutheran Retirement Home 1002 W. Main Street Jefferson City, MO 65101 (573) 636-6288 Fax: (573) 893-2007
ADULT DAY CARE	ALZHEIMER'S ASSOCIATION
Lois Long ElderCare Adult Day Care University of Missouri-Columbia 137 Clark Hall Columbia, MO 65203 (573) 882-1253 Fax: (573) 884-8000	Kathy O'Brien, President Alzheimer's Coalition St. Louis Alzheimer's Chapter 9374 Olive Blvd. St. Louis, MO 63132 (314) 432-3422 Fax: (314) 432-3824
GOVERNOR'S ADVISORY COUNCIL	SILVER HAired LEGISLATURE
Lillian Metzger 30 Heritage Lane Troy, MO 63379 (314) 462-4214	Martha Hicks 918 Carol Jefferson City, MO 65101 (573) 636-3344
AARP	CAREGIVER
Juanita Blankenship, Pres. Missouri State AARP 2516 E. Seminole St.	To be appointed

Springfield, MO 65804-2719 (417)881-3599	
CONSUMER	UNIVERSITY
Judy Heman 822 Primrose Lane Jefferson City, MO 65109 (573) 634-2678	Marilyn Rantz University of Missouri School of Nursing Building Room S422 Columbia, MO 65211 (573) 882-0258 Fax: (573) 884-4544
STATE AGENCIES	AREA AGENCIES ON AGING
<p>Myrna Bruning Division of Medical Services 615 Howerton Court Jefferson City, MO 65109 (573) 751-6961 Fax: (573) 526-4650</p> <p>Julie Carel Department of Mental Health Office of Departmental Affairs 1706 E. Elm Jefferson City, MO 65101 (573) 751-9177 Fax: (573) 751-8069</p> <p>Carol Gourd Department of Health Bureau of Home Health Licensure 920 Wildwood Jefferson City, MO 65109 (573) 751-6336 Fax: (573) 751-6315</p> <p>Mary Fallen Division of Family Services 615 Howerton Court Jefferson City, MO 65109 (573) 751-3507 Fax: (573) 526-4837</p> <p>Gary Moll Vocational Rehabilitation 3024 W. Truman Blvd. Jefferson City, MO 65101 (573) 751-3251 Fax: (573) 751-1441</p> <p>Mel Sundermeyer Dept. of Highway & Transportation P. O. Box 270 Jefferson City, MO 65101 (573) 751-4922 Fax: (573) 526-4709</p>	<p>Ray Diekmeier District III Area Agency on Aging 106 W. Young Street, Box 1078 Warrensburg, MO 64093 (660) 747-3107 Fax: (660) 747-3100</p> <p>Jean Leonatti Central Missouri Area Agency on Aging 1121 Business Loop 70 East, Suite 2A Columbia, MO 65201 (573) 443-5823 Fax: (573) 875-8907</p> <p>Jacqui Moore Mid-America Regional Council 300 Rivergate Business Center 600 Broadway Kansas City, MO 64105-1554 (816) 474-4240 Fax: (816) 421-7758</p>
DIVISION OF AGING STAFF	
<p>615 Howerton Ct. Jefferson City, MO 65102 (573) 751-3082 Fax: (573) 751-8687</p> <p>Anne Deaton - Co-Facilitator Paul Shumate - Co-Facilitator</p>	

DA Resource Contacts

Brenda Campbell

Edna Chavis

Jim Cook

Byran Forbis

Connie Johnson

Alice Kenley-Wineteer

Bill Rapps

Pam Rich

Randy Rodgers

Carol Scott

Sallianne Sestak

Nina Murphy

Division of Aging

Wainwright Bldg

111 North 7th St.

St. Louis, MO 63101

(314) 340-7300 Fax: (314) 340-3415

Barbara Potter

Division of Aging

1500 Vandiver Drive, Suite 102

Columbia, MO 65203

(573) 882-6310 Fax: (573) 884-4884

Membership Listings:
**Commission on Special Health,
Psychological and Social Needs of Minority Older Individuals**

Ben Germany, Director (Co-Chair) Office of Minority Health 920 Wildwood Drive Jefferson City, MO 65109 Phone: 573-751-6064	
Mark Miller, Director of Development (Co-Chair) Fulton State Hospital 600 East 5th Street Fulton, MO 65251 Phone: 573-592-3449	
Andrea J. Routh, Director (Co-Chair) Division of Aging 615 Howerton Court Jefferson City, MO 65109 Phone: 573-751-8535	
Elaine Aber 2413 Greentree Street Jefferson City, MO 65101	Rev. Nelson Parnell 2332 East Cardinal Springfield, MO 65804
Lillian Eunice 7753 Nacomis Drive St. Louis, MO 63121	Margie Peltier 2914 East 55th Street Kansas City, MO 64130
Rev. Edward Fields 3928 Benton Boulevard Kansas City, MO 64130	Dolores Penn, Ph.D. 1305 Dixon Drive Jefferson City, MO 65101
Dorothy Fauntleroy Swope Ridge Center 5900 Swope Parkway Kansas City, MO 64130	Mona Perry 510 Miller Drive Belton, MO 64012
Ik-Whan Kwon, Ph.D. 234 New Salem Drive St. Louis, MO 63141	Jeanne Philips-Roth 4141 Flora Place St. Louis, MO 63110
Mike Morado 2015 East 73rd Street Kansas City, MO 64132	Cheryl Grazier, Lt. Governor's Office State Capitol, Room 121 Jefferson City, MO 65101 (nonvoting, advisory capacity)

Appendix K
Division of Aging Field Operations
Services and Expenditures
For Fiscal Year 1999

Case Management

Case Managers perform all the elements of case management and investigate and treat neglected or exploited elders and handicapped adults. Case management also includes the provision of information and referral services.

- Direct Services
 - 14,544 Initial Assessments, service plan development and service authorizations
 - 46,390 Reassessments, service plan development and service authorizations
 - 64,621 Unduplicated clients served
- Protective Services
 - 14,099 Abuse, neglect, exploitation hotline reports received
 - 11,803 Unduplicated reported adults investigated
- Contracted Services (developed for each client at each assessment)

EXPENDITURES	XIX	SSBG	TOTAL
Respite	9,977,910	1,244,743	11,222,653
Homemaker (HC)	36,069,111	7,066,034	43,135,145
Personal Care (PC)	66,575,137	6,817,737	73,392,874
Advanced Personal Care (APC)	4,630,102	706,534	5,336,636
RN Visits	5,395,011	542,525	5,937,536
RCF-PC	21,273,548	0	21,273,548
Advanced RCF-PC	26,603	0	26,603
RCF-PC RN Visits	124,885	0	124,885
Adult Day Care (ADC)	3,922,268	0	3,922,268
<u>Counseling</u>	<u>0</u>	<u>75,185</u>	<u>75,185</u>
TOTALS	147,994,575	16,452,758	164,447,333

Appendix L
AAA SERVICE DELIVERY TO MINORITY INDIVIDUALS

SUPPORTIVE SERVICES		
Total Served 106,020	Minority 12,011	% Served Minority 11.33
CONGREGATE		
Total Served 81,168	Minority 2,512	% Served Minority 3.09
HOME DELIVERED		
Total Served 39,983	Minority 4,067	% Served Minority 10.17
FRAIL ELDERLY		
Total Served 772	Minority 97	% Served Minority 12.56
ELDER ABUSE		
Total Served N/A	Minority N/A	% Served Minority N/A
DISEASE PREVENTION		
Total Served 33,592	Minority 1714	% Served Minority 5.10